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Jun 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45699

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1. Corporation Name
THE ALLIED HEALTH CAREER DEVELOPMENT COALITION OF SW. FLORIDA, INC

Principal Place of Business
3856 EVANS AVE; STE 4
FT Myers, FL 33901

Mailing Address

3. Date Incorporated or Qualified: 1/28/94

4. FEI Number: 65-0244885 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business
21 3856 EVANS AVE
Suite, Apt. #, etc.
22 STE 4
City & State
23 FT Myers, FL
Zip 24 33901 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CECIL, JON C.
2776 CLEVELAND AVE
FT. Myers, FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE CD	CHAIRMAN	☐ DELETE	1.1 TITLE D	DIRECTOR-CHAIRMAN D	☐ Change ☐ Addition
NAME	DR. JEFF ELSBERRY		1.2 NAME	DR. JEFF ELSBERRY	
STREET ADDRESS	EDISON COMMUNITY COLLEGE		1.3 STREET ADDRESS	EDISON COMMUNITY COLLEGE 8099 College Parkway SW	
CITY-ST-ZIP	8099 College Pkwy SW Ft Myers FL 33906		1.4 CITY-ST-ZIP	FT. Myers, FL 33906	
TITLE V	VICE CHAIRMAN	☐ DELETE	2.1 TITLE D	DIRECTOR-VICE CHAIRMAN D	☐ Change ☐ Addition
NAME	MARJORY MAY		2.2 NAME	MARJORY MAY	
STREET ADDRESS	CHIEF OPERATING OFFICER		2.3 STREET ADDRESS	CHIEF OPERATING OFFICER	
CITY-ST-ZIP	LEE MEMORIAL HOSP. INC P.O. Box 2218 FT MYERS FL 33902		2.4 CITY-ST-ZIP	LEE MEMORIAL HOSP. INC 2776 CLEVELAND AVE FT. Myers, FL 33901	
TITLE DS-T	SECRETARY-TREASURER	☐ DELETE	3.1 TITLE D	DIRECTOR-SECRETARY TREASURER	☐ Change ☐ Addition
NAME	DR JAMES BLAGG		3.2 NAME	DR. JAMES BLAGG	
STREET ADDRESS	FLORIDA GULF COAST UNIVERSITY		3.3 STREET ADDRESS	FLORIDA GULF COAST UNIVERSITY 19501 TREELINE AVE S	D
CITY-ST-ZIP	19501 TREELINE AVE. SOUTH		3.4 CITY-ST-ZIP	FT Myers, FL 33965	
TITLE	FT. Myers, FL 33965	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

JS 6.26

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/13/98 (941) 489-9261
Signature Date Daytime Phone #

CR2E037 (10/97)