FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48058

1. Corporation Name

SOUTHWEST FLORIDA COALITION FOR INDEPENDENT LIVING, INC.

Principal Place of Business	Mailing Address
950 North Collier Blvd. Suite 201 Marco Island, Florida 33937	same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
3/23/92	4/20/94

2. Principal Place of Business 21 950 North Collier Blvd.	2a. Mailing Address 26 same	4. FEI Number	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite 201	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Marco Island, FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33937 25 U.S.	Zip / Country 29 30	8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Frederick C. Kramer 950 North Collier Boulevard Suite 201 Marco Island, Florida 33937	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 607.0502 and 607.1508, 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 607.0505, 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 NAME STREET ADDRESS CITY-ST-ZIP	P/D David E. Brandt 931 Moon Court Marco Island, Florida 33937	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harris Barnett 1910 Virginia Ave. Suite 1502B Fort Myers, Florida	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition 500001476485 -05/04/95--01131--003 ****130.00 ****130.00
TITLE NAME STREET ADDRESS CITY ST ZIP	D Edna O'Brien 2912 S.W. 39th Terrace Cape Coral, Florida	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D/S Brenda Greve 2463 Cortez Boulevard Fort Myers, Florida	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP/D John Lawson 3984 Arnold Avenue Naples, Florida	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D/T Albert E. Palmer 2017 Santa Barbara, #2 Cape Coral, Florida	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David E Brandt — April 24, 1995 — 1-813-277-1447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #