# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **N48058** **(4)**

1. Corporation Name

**SOUTHWEST FLORIDA COALITION FOR INDEPENDENT LIVI NG, INC.**

800001829208
-05/20/96--01041--046
***61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 950 NORTH COLLIER BLVD.<br>SUITE 201<br>MARCO ISLAND FL 33937 | 950 NORTH COLLIER BLVD.<br>SUITE 201<br>MARCO ISLAND FL 33937 |

3. Date Incorporated or Qualified: 03/23/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 3626 Evans Ave.
22 Suite, Apt. #, etc.
23 City & State: Ft. Myers, FL
24 Zip: 33901
25 Country: USA

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

4. FEI Number: 65-0345103 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

~~KRAMER, FREDERICK C.~~
~~950 NORTH COLLIER BLVD.~~
~~SUITE 201~~
~~MARCO ISLAND FL 33937~~

**10. Name and Address of New Registered Agent**

81 Name: Charles Micciche, Exec. Dir, CILSWFL
82 Street Address (P.O. Box Number is Not Acceptable): 3626 Evans Ave.
83
84 City: Ft. Myers **FL** 85 Zip Code: 33901

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: Charles Micciche, Executive Director — 4/01/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | ~~BP~~ | ☒ DELETE | 1.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | BRANDT, DAVID E. | | 1.2 NAME | Brandt, David E. | |
| STREET ADDRESS | 931 MOON COURT | | 1.3 STREET ADDRESS | 931 Moon Court | |
| CITY-ST-ZIP | MARCO ISLAND FL | | 1.4 CITY-ST-ZIP | Marco Island, FL 33937 | |
| TITLE | D | ☒ DELETE | 2.1 TITLE | DT | ☐ Change ☒ Addition |
| NAME | ~~BARNETT~~, HARRIS | | 2.2 NAME | Fellers, Keith | |
| STREET ADDRESS | 1910 VIRGINIA AVE #1502B | | 2.3 STREET ADDRESS | 910 SW 47th St | |
| CITY-ST-ZIP | FT. MYERS FL | | 2.4 CITY-ST-ZIP | Cape Coral FL 33914 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | O'BRIEN, EDNA | | 3.2 NAME | O'Connor, Michael | |
| STREET ADDRESS | 2912 SW 39TH TERR. | | 3.3 STREET ADDRESS | PO Box 2286 (NA) | |
| CITY-ST-ZIP | CAPE CORAL FL | | 3.4 CITY-ST-ZIP | Pineland FL 33945 | |
| TITLE | DS | ☐ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | GREVE, BRENDA | | 4.2 NAME | Snow, Mark L., JR | |
| STREET ADDRESS | 2463 CORTEZ BLVD | | 4.3 STREET ADDRESS | PO Box 38 (NA) | |
| CITY-ST-ZIP | FT MYERS FL | | 4.4 CITY-ST-ZIP | Cape Coral FL 33908 | |
| TITLE | VD | ☒ DELETE | 5.1 TITLE | DP | ☒ Change ☐ Addition |
| NAME | LAWSON, JOHN J | | 5.2 NAME | Lawson, Jonh J. | |
| STREET ADDRESS | 3984 ARNOLD AVENUE | | 5.3 STREET ADDRESS | 3984 Arnold Ave. | |
| CITY-ST-ZIP | NAPLES FL | | 5.4 CITY-ST-ZIP | Naples, FL 33941 | |
| TITLE | DT | ☒ DELETE | 6.1 TITLE | DS | ☐ Change ☒ Addition |
| NAME | PALMER, ALBERT E | | 6.2 NAME | Carter, Al | |
| STREET ADDRESS | 2017 SANTA BARBARA, #2 | | 6.3 STREET ADDRESS | 5339 Congo Ct. | |
| CITY-ST-ZIP | CAPE CORAL FL | | 6.4 CITY-ST-ZIP | Cape Coral, FL 33904 | |

5-1-96

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)(k), 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:** Charles Micciche, Exec. Dir. 4/01/96 (941) 277-1447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)