

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 # N49921 (2)
1. Corporation Name
SCLERODERMA FEDERATION GULF COAST AFFILIATE INC.



Principal Place of Business: **4019 SE 20TH PL #601 CAPE CORAL FL 33904**
Mailing Address: **4019 SE 20TH PL #601 CAPE CORAL FL 33904**

3. Date Incorporated or Qualified: **07/17/1992**
3a. Date of Last Report: **07/10/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 65-0316006	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country			

9. Name and Address of Current Registered Agent

**ASHMORE, RUTH
4019 SE 20TH PL
#601
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHMORE, RUTH E.	12 NAME	
STREET ADDRESS	4019 SE 20TH PL #601	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JOAN G.	22 NAME	
STREET ADDRESS	17 NORIE CT.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN BORTEL, MARIAN	32 NAME	
STREET ADDRESS	611 PLAZA DEL SOL	33 STREET ADDRESS	S Inman, Ruth E. 6300 So. Point Blvd. #474
CITY-ST-ZIP	N. FT. MYERS FL	34 CITY-ST-ZIP	Ft. Myers, Fl. 33919
TITLE	VD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHALL, JEAN	42 NAME	
STREET ADDRESS	4534 S.E. 11TH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Ruth E. Ashmore Date: 1/22/96 Daytime Phone #: 941-945-7096

CR2E037 (12/95)