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Jan 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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 33904-8034

3. Date Incorporated or Qualified  
**07/17/1992**

3a. Date of Last Report  
**01/31/1996**

2. Principal Place of Business

21 **4019 SE 20th PL.**  
Suite, Apt. #, etc.

22 **#601**

City & State

23 **Cape Coral, Fl.**

Zip

24 **33904**

Country

25 **Lee**

2a. Mailing Address

26 **4019 SE 20th PL.**  
Suite, Apt. #, etc.

27 **#601**

City & State

28 **Cape Coral, Fl.**

Zip

29 **33904**

Country

30 **Lee**

4. FEI Number

**65-0316006**

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

**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

**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 *Ruth E. Ashmore* **Ruth E. Ashmore, Pres.** **1-8-97**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **ASHMORE, RUTH E.**  
STREET ADDRESS **4019 SE 20TH PL #601**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **TD** ☒ DELETE  
NAME **MILLER, JOAN G.**  
STREET ADDRESS **17 NORIE CT.**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE **S** ☒ DELETE  
NAME **VAN BORTEL, MARIAN**  
STREET ADDRESS **611 PLAZA DEL SOL**  
CITY-ST-ZIP **N. FT. MYERS FL**

TITLE **VD** ☐ DELETE  
NAME **SOUTHALL, JEAN**  
STREET ADDRESS **4534 S.E. 11TH AVE.**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **TD** ☐ Change ☒ Addition  
2.2 NAME **Paulino, Dorteia**  
2.3 STREET ADDRESS **160 21st St. NW**  
2.4 CITY-ST-ZIP **Naples, FL. 33964**

3.1 TITLE **S** ☐ Change ☒ Addition  
3.2 NAME **Inman, Ruth**  
3.3 STREET ADDRESS **6300 So. Pointe Blvd. #474**  
3.4 CITY-ST-ZIP **Ft. Myers, FL. 33919**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: *Ruth E. Ashmore* **Ruth E. Ashmore, Pres.** **1-8-97 941-945-7096**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0095118**

CR2E037 (9/96)