


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90005 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N49921					
1. Corporation Name SCLERODERMA FEDERATION GULF COAST AFFILIATE INC.					
Principal Place of Business 4019 SE 20TH PL 601 CAPE CORAL FL 33904 US			Mailing Address 4019 SE 20TH PL 601 CAPE CORAL FL 33904 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/17/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0316006	
24 Country		29 Country		30	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ASHMORE, RUTH 4019 SE 20TH PL #601 CAPE CORAL FL 33904				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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. 1/7/99
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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASHMORE, RUTH E.			1.2 NAME			
STREET ADDRESS	4019 SE 20TH PL #601			1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			1.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAULINO, DOROTHEA			2.2 NAME	7D Geisenger, Barbara		
STREET ADDRESS	160 21 ST NW			2.3 STREET ADDRESS	1435 Davis Dr.		
CITY-ST-ZIP	FT. MYERS FL			2.4 CITY-ST-ZIP	Ft. Myers, FL 33919		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	INMAN, RUTH			3.2 NAME	S Liebold, William		
STREET ADDRESS	6300 SO POINTE BLVD #474			3.3 STREET ADDRESS	6396 Royal Woods Rd.		
CITY-ST-ZIP	FT MYERS FL			3.4 CITY-ST-ZIP	Ft. Myers, FL 33908		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOUTHALL, JEAN			4.2 NAME	VD Eulitz, Dorothy		
STREET ADDRESS	4534 S.E. 11TH AVE.			4.3 STREET ADDRESS	4647 SE 17th Pl. Apt. 102		
CITY-ST-ZIP	CAPE CORAL FL			4.4 CITY-ST-ZIP	Cape Coral, FL 33904		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: Ruth E. Ashmore 1/7/99 941-945-7096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)