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May 20 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 # N94000001535 (3)

1. Corporation Name

FRIENDS OF PERSONS LIVING WITH AIDS OF SOUTHWEST
FLORIDA, INC.

Principal Place of Business

12734 KENWOOD LANE #49
FT MYERS FL 33907

Mailing Address

% T. C. HERRELL
12734 KENWOOD LN. #49
FT. MYERS FL 33907-5639



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
03/28/1994

3a. Date of Last Report
01/24/1996

4. FEI Number
65-0481940

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

10. Name and Address of New Registered Agent

ROUS, ROBERTA L
17091 CHAR LEE RD.
PUNTA GORDA FL 33955

81 Name THOMAS C. HERRELL
82 Street Address (P.O. Box Number is Not Acceptable)
12734 KENWOOD LANE
83 SUITE 49
84 City FT. MYERS FL 85 Zip Code 33907

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 *Thomas C. Herrell* (THOMAS C. HERRELL, TREAS.) 5/8/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME GARCIA, JOHN
STREET ADDRESS 1895 OAKLEY
CITY-ST-ZIP FT MYERS FL 33901

TITLE T.D. ☐ DELETE
NAME HERRELL, THOMAS C
STREET ADDRESS 12734 KENWOOD LN #49
CITY-ST-ZIP FT MYERS FL 33907

TITLE D ☒ DELETE
NAME ROUS, ROBERTA
STREET ADDRESS 17091 CHAR LEE ROAD
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PRES/DIRECTOR ☐ Change ☒ Addition
1.2 NAME DIANE GREEN
1.3 STREET ADDRESS 4510 S.E. 1ST. AVE
1.4 CITY-ST-ZIP CAPE CORAL, FL 33904

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SEC/DIRECTOR ☐ Change ☒ Addition
3.2 NAME DEBORAH L. HERRELL
3.3 STREET ADDRESS 8743 CREST LANE
3.4 CITY-ST-ZIP FT. MYERS, FL. 33907

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.

CR2E037 (9/96)