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

APPROVED AND FILED

96 JAN 31 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003814 (0)

1. Corporation Name

~~OUR MOTHER'S HOUSE OF LEE COUNTY, INC.~~

OUR MOTHER'S HOME OF SOUTHWEST FLORIDA, INC. AMENDMENT FILED 1/02/96.

Principal Place of Business	Mailing Address
18274 POPLAR RD. FORT MYERS FL 33912	18274 POPLAR RD. FORT MYERS FL 33912

3. Date Incorporated or Qualified: 08/01/1994

3a. Date of Last Report: 03/09/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 65-0510103 ☐ 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

COPPAGE, HELEN C
18274 POPLAR RD
FORT MYERS FL 33912

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP COPPAGE, HELEN 18274 POPLAR RD. FORT MYERS FL 33912	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SASSO, DAN 3624 DEL PRADO BLVD. CAPE CORAL FL 33904	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MCQUILLAN, ED 20547 WILDCAT RUN DR. ESTERO FL 33928	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWMAN, RICHARD 12251 WATER OAK DR. ESTERO FL 33928	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Michael Conley 9220 Bonita Beach Road Bonita Springs, FL 33923	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FABBRO, RICHARD 2363 UNION ST. FORT MYERS FL 33901	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FROHNAPPEL, GREG 17248 MALAGA RD. FORT MYERS FL 33912	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Fr. John Deary Blessed Katherine Drexel 3714 Chiquita Blvd., Cape Coral, FL 33914	☒ Change ☐ Addition

1/31/96

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 _____ January 22, 1996 941-542-1355

CR2E037 (12/95)