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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 # N94000003814 (0)

1. Corporation Name

OUR MOTHER'S HOME OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

18274 POPLAR RD.  
FORT MYERS FL 33912

Mailing Address

18274 POPLAR RD.  
FORT MYERS FL 33912-3132



3. Date Incorporated or Qualified  
08/01/1994

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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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)

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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

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 DP ☐ DELETE

NAME COPPAGE, HELEN  
STREET ADDRESS 18274 POPLAR RD.  
CITY-ST-ZIP FORT MYERS FL 33912

TITLE DT ☐ DELETE

NAME SASSO, DAN  
STREET ADDRESS 3624 DEL PRADO BLVD.  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE DS ☐ DELETE

NAME MCQUILLAN, ED  
STREET ADDRESS 20547 WILDCAT RUN DR.  
CITY-ST-ZIP ESTERO FL 33928

TITLE D ☐ DELETE

NAME CONLEY, MICHAEL  
STREET ADDRESS 9220 BONITA BEACH ROAD  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE D ☐ DELETE

NAME FABBRO, RICHARD  
STREET ADDRESS 2363 UNION ST.  
CITY-ST-ZIP FORT MYERS FL 33901

TITLE D ☐ DELETE

NAME DEARY, FR. JOHN  
STREET ADDRESS BLESSED KATHERINE DREXEL, 3714 CHIQUITA BL  
CITY-ST-ZIP CAPE CORAL FL 33914

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 ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4223 Del Prado Boulevard  
Cape Coral, FL 33904

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96

Date

Daytime Phone # 000-000-0000

CR2E037 (9/96)