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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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2. Principal Place of Business 21 P.O. Box 835 Suite, Apt. #, etc. 22 2220 FAIRMONT CT City & State 23 ESTERO FL Zip 24 33928	2a. Mailing Address 25 P.O. Box 835 Suite, Apt. #, etc. 26 2220 FAIRMONT CT City & State 27 ESTERO FL Zip 28 33928 Country 29 USA
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3. Date Incorporated or Qualified 08/01/1994	
4. FEI Number 65-0510103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent COPPAGE, HELEN C 18274 POPLAR RD FORT MYERS FL 33912	
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10. Name and Address of New Registered Agent 81 Name Cowley, Michael J. 82 Street Address (P.O. Box Number is Not Acceptable) 2220 FAIRMONT CT 83 84 City ESTERO FL 85 Zip Code 33928	
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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 Michael J. Cowley - Vice President DATE 1/8/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COPPAGE, HELEN 18274 POPLAR RD. FORT MYERS FL 33912 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SASSO, DAN 4223 DEL PRADO BLVD CAPE CORAL FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCQUILLAN, ED 20547 WILDCAT RUN DR. ESTERO FL 33928 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONLEY, MICHAEL 9220 BONITA BEACH ROAD BONITA SPRINGS FL 33923 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABBRO, RICHARD 2363 UNION ST. FORT MYERS FL 33901 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEARY, FR. JOHN BLESSED KATHERINE DREXEL, 3714 CHIQUITA BL CAPE CORAL FL 33914 <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DIV Michael Cowley, Michael 2220 FAIRMONT CT ESTERO FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T Edie Sizelove, Edie 1483 S.E. 28th TERRACE CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/S ARABIE JACKIE ARABIE, JACKIE 9674 Spring Ridge Circle ESTERO FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Michael J. Cowley DATE 1/8/98 496-7128

CR2E037 (10/97)