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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90123 010 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003814**

1. Corporation Name

**OUR MOTHER'S HOME OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

Mailing Address

18274 POPLAR RD.  
FORT MYERS FL 33912

18274 POPLAR RD.  
FORT MYERS FL 33912



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 P.O. Box 835  
Suite, Apt. #, etc.

27 City & State

28 Estero, FL

29 Zip Country

30 33928

Lee

3. Date Incorporated or Qualified

08/01/1994

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

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

TITLE DT ☒ DELETE  
NAME SASSO, DAN  
STREET ADDRESS 4223 DEL PRADO BLVD  
CITY-ST-ZIP CAPE CORAL FL

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 Treasurer  
2.3 STREET ADDRESS Rosemary Conley  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Secretary  
3.3 STREET ADDRESS Jacqueline Arabie  
3.4 CITY-ST-ZIP 9674 Spring Ridge Circle  
Estero, FL 33928

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Vice President  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME Director  
5.3 STREET ADDRESS Martha Rawson  
5.4 CITY-ST-ZIP 20894 Country Barn Drive  
Estero, FL 33928

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Princess Conley* **SIGNATURE REQUIRED** Conley JAN 11, 1999 941-495-6276  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)