

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90063 041 ****61.25

DOCUMENT # N94000003814

1. Entity Name

OUR MOTHER'S HOME OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

18274 POPLAR RD.
 FORT MYERS FL 33912

P.O. BOX 835
 ESTERO FL 33928-0835



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0510103

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPPAGE, HELEN C
18274 POPLAR RD
FORT MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: T Delete
 NAME: CONLEY, ROSEMARY
 STREET ADDRESS: 4223 DEL PRADO BLVD
 CITY-ST-ZIP: CAPE CORAL FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: S Delete
 NAME: ARABIE, JACQUELINE
 STREET ADDRESS: 9674 SPRING RIDGE CIRCLE
 CITY-ST-ZIP: ESTERO FL 33928

TITLE: S Change Addition
 NAME: June Stone
 STREET ADDRESS: 10728 BAHIA Terrado Circle
 CITY-ST-ZIP: Estero, FL 33928

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: RAWSON, MARTHA
 STREET ADDRESS: 20894 COUNTRY BARN DRIVE
 CITY-ST-ZIP: ESTERO FL 33928

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-00 941-495-6276

Date

Daytime Phone #