

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

DOCUMENT # **N94000004642 (4)**

1. Corporation Name

S.W. FLORIDA ASSOCIATION FOR HEALTH AND SOCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 277
CAPE CORAL FL 33910

P.O. BOX 277
CAPE CORAL FL 33910

3. Date Incorporated or Qualified
09/20/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

Zip

Country

29

Zip

Country

30

4. FEI Number
65-0533874

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

10. Name and Address of New Registered Agent

**SLAMPAK, SHIRLEY
2776 CLEVELAND AVE.
FT. MYERS FL 33901-5864**

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 officer 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** DELETE
NAME **MILLER, TOM**
STREET ADDRESS **2369 DOVER AVE**
CITY-ST-ZIP **FT. MYERS FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** DELETE
NAME **DOVER, LINDA**
STREET ADDRESS **36 BARKLEY CIRCLE**
CITY-ST-ZIP **FT. MYERS FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** DELETE
NAME **YAIN, DIANE V**
STREET ADDRESS **2503 DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL FL**

3.1 TITLE Change Addition
3.2 NAME **S/D BOB TUFFY**
3.3 STREET ADDRESS **6226A PRESIDENTIAL COURT**
3.4 CITY-ST-ZIP **FT. MYERS, FL. 33919**

TITLE **TD** DELETE
NAME **SLAMPAK, SHIRLEY**
STREET ADDRESS **2776 CLEVELAND AVE**
CITY-ST-ZIP **FT. MYERS FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PD** DELETE
NAME **ROOD, JANICE**
STREET ADDRESS **7205 CYPRESS DRIVE**
CITY-ST-ZIP **FT. MYERS FL 33907**

5.1 TITLE Change Addition
5.2 NAME **P/D BECKY VAN PELT**
5.3 STREET ADDRESS **3625 MEADOW BROOK DRIVE**
5.4 CITY-ST-ZIP **FT. MYERS, FL. 33901**

TITLE DELETE
NAME
STREET ADDRESS
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 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: *Shirley Slampak* - **SHIRLEY SLAMPAK**

4-16-96

941-332-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)