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May 01 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 # 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 33910-0277

3. Date Incorporated or Qualified
09/20/1994

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 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	V	<input type="checkbox"/> DELETE
NAME	MILLER, TOM	
STREET ADDRESS	2369 DOVER AVE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOVER, LINDA	
STREET ADDRESS	38 BARKLEY CIRCLE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TIFFU, BPB	
STREET ADDRESS	6226-A PRESIDENTIAL COURT	
CITY - ST - ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SLAMPAK, SHIRLEY	
STREET ADDRESS	2776 CLEVELAND AVE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAN PELT, BECKY	
STREET ADDRESS	3625 MEADOWBROOK DR	
CITY - ST - ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TUFFY, BOB	
3.3 STREET ADDRESS	6226-A PRESIDENTIAL COURT	
3.4 CITY - ST - ZIP	FT MYERS, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: TD SHIRLEY SLAMPAK Shirley Slampak 4/22/97 941-332-6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066443

CR2E037 (9/96)