

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004642 (4)**  
 1. Corporation Name  
**S.W. FLORIDA ASSOCIATION FOR HEALTH AND SOCIAL SERVICES, INC.**



Principal Place of Business <b>P.O. BOX 277 CAPE CORAL FL 33910</b>	Mailing Address <b>P.O. BOX 277 CAPE CORAL FL 33910</b>
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3. Date Incorporated or Qualified  
**09/20/1994**

4. FEI Number  
**65-0533874**

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**SLAMPAK, SHIRLEY  
 2776 CLEVELAND AVE.  
 FT. MYERS FL 33901-5884**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>MILLER, TOM</b>	
STREET ADDRESS	<b>2369 DOVER AVE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>DOVER, LINDA</b>	
STREET ADDRESS	<b>38 BARKLEY CIRCLE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>TUFFY, BOB</b>	
STREET ADDRESS	<b>6226-A PRESENTIAL COURT</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>SLAMPAK, SHIRLEY</b>	
STREET ADDRESS	<b>2776 CLEVELAND AVE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>VAN PELT, BECKY</b>	
STREET ADDRESS	<b>3625 MEADOWBROOK DR</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
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	<b>SD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MITCHELL, JULIA</b>	
3.3 STREET ADDRESS	<b>9981 HEALTH PARK CR.</b>	
3.4 CITY-ST-ZIP	<b>FT. MYERS, FL.</b>	
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	<b>PD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>TUFFY, BOB</b>	
5.3 STREET ADDRESS	<b>6226-A PRESENTIAL COURT</b>	
5.4 CITY-ST-ZIP	<b>FT MYERS, FL.</b>	
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 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: *Shirley Slampak - SHIRLEY SLAMPAK* 4/21/98 941-332-6440

CR2E037 (10/97)