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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000004642

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

Principal Place of Business
 P.O. BOX 277
 CAPE CORAL FL 33910

Mailing Address
 P.O. BOX 277
 CAPE CORAL FL 33910



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/20/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0533874	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		25		29	
Country		Country		30	
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			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TOM	1.2 NAME	
STREET ADDRESS	2369 DOVER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOVER, LINDA	2.2 NAME	
STREET ADDRESS	36 BARKLEY CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JULIA	3.2 NAME	
STREET ADDRESS	9981 HEALTH PARK CR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAMPAK, SHIRLEY	4.2 NAME	
STREET ADDRESS	2776 CLEVELAND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUFFY, BOB	5.2 NAME	
STREET ADDRESS	6226-A PRESENTIAL COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Shirley Slampak SHIRLEY SLAMPAK 4-6-99 914-332-6440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0660323

CR2E037 (11/98)