

CORPORATION INFORMATION

SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32314
904-222-9171
904-222-0193 FAX

800-342-8086

CSC networks

MAIL TO:
P.O. Box 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 515592 9192A

AUTHORIZATION :

Patricia Pjits

COST LIMIT : ~~\$70.00~~ 122.50

ORDER DATE : December 30, 1994

ORDER TIME : 2:08 PM

ORDER NO. : 515592

CUSTOMER NO: 9192A

100001866591

CUSTOMER: Hugh Nuckolls, Esq
NUCKOLLS JOHNSON & BELCHER,
P.A.
Tidewater Building, Suite 303
1375 Jackson Street
Fort Myers, FL 33901

DOMESTIC FILING

N/95000000002

NAME: SOUTHWEST FLORIDA
COORDINATION, INC.

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

FILED
94 DEC 30 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TM

1-3-95

02/A

ARTICLES OF INCORPORATION
OF
SOUTHWEST FLORIDA COORDINATION, INC.
A NONPROFIT CORPORATION

FILED
94 DEC 30 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned, with other persons being desirous of forming a nonprofit corporation, under the provisions of Chapter 617 of the Florida Statutes, do agree to the following:

ARTICLE I.

The name of the corporation shall be:

SOUTHWEST FLORIDA COORDINATION, INC.

The address of the principal office of this corporation shall be 10075 Bavaria Road, Southeast, Ft. Myers, Florida 33913, and the mailing address of the corporation shall be the same.

ARTICLE II.

Said corporation is organized exclusively for charitable, religious, educational, literary and scientific purposes within the meaning of section 501(c)(3) of the Internal Revenue code of 1954 or the corresponding provision of any future United States Internal Revenue Law.

Notwithstanding any other provision of these articles, this corporation will not carry on any other

activities not permitted to be carried on by an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue law.

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future Internal Revenue Code, or to the Federal, State, or local government for exclusive public purpose. The corporation is also organized for the following purposes:

1. To provide for the coordination of transportation services to disabled and disadvantaged persons who are unable to transport themselves or to purchase transportation and who are dependent upon others to obtain access to healthcare, employment, education, shopping and other life sustaining activities, including those who are disadvantaged because of physical or mental disability income status or age.
2. To act as the Community Transportation Coordinator within the meaning of Florida Statute 427.

ARTICLE III.

The manner in which the directors are to be elected or appointed is as stated in the bylaws.

ARTICLE IV.

The name and address of the incorporator of these Articles is:

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

ARTICLE V.

This corporation is to exist perpetually.

ARTICLE VI.

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have nine Directors, initially, but the number of members of the board of directors shall never be more than fifteen (15) nor less than three (3). The names and addresses of the initial members of the Board of Directors are:

Richard Bashaw
Chr. of Board

C/O Fort Myers City Hall
Fort Myers, Florida 33901

Rosalie Berlin
Dir.

504 Northeast 13th Avenue
Cape Coral, Florida 33909

Patricia Duquotto
Dir.

C/O Lee Memorial Hospital
2776 Cleveland Avenue
Fort Myers, Florida 33901

Paul Nuckolls
V. Chr. of Board

3732 Liberty Square
Fort Myers, Florida 33908

Marian Chambers
Dir.

17745 Port Boca Court
Fort Myers, Florida 33908

David Scherer
Dir.

3607 Southeast 17th Avenue
Cape Coral, Florida 33904

ARTICLE VII.

The names and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Richard Bashaw
Pres.

C/O Fort Myers City Hall
Fort Myers, Florida 33901

Patricia Duquette
Treas.

C/O Lee Memorial Hospital
2776 Cleveland Avenue
Fort Myers, Florida 33901

Paul Nuckolls
V. Pres.

3732 Liberty Square
Fort Myers, Florida 33908

David Scherer
Sec.

3607 Southeast 17th Avenue
Cape Coral, Florida 33904

ARTICLE VIII.

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc. on December 30, 1994.

Corporation Information Services, Inc.

By: Gail Shelby
Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: Gail Shelby
Its Agent, Gail Shelby

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



THE OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
32301

DOCUMENT # N95000000002 (4)

SOUTHWEST FLORIDA COORDINATION, INC.

FILED

95 AUG -7 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Location

10075 BAVARIA ROAD S.E.
FORT MYERS FL 33913

Secondary Address

10075 BAVARIA ROAD S.E.
FORT MYERS FL 33913

1. FILING YEAR (SEE INSTRUCTIONS)

| | | | |
|----------------------------------|------------|-----------------------------|---------|
| 3. Date of Corporation or Filing | 12/30/1994 | 4. Date of Last Report | |
| 4. FEE Number | 65-0550304 | 5. Additional Fee Required | \$0.75 |
| 6. Additional Fee Required | | 7. Additional Fee Required | \$5.00 |
| 8. Additional Fee Required | | 9. Additional Fee Required | \$68.75 |
| 10. Additional Fee Required | | 11. Additional Fee Required | |

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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

| | |
|--|--------------------------------------|
| 01. Name | Deloris J. Sheridan |
| 02. Street Address (P.O. Box Number is Not Acceptable) | Southwest Florida Coordination, Inc. |
| 03. City | 10075 Bavaria Rd., S.E. |
| 04. State | FL |
| 05. Zip Code | 33913 |

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and accepting the obligations of Sections 607.05(2) and 607.15(3), Florida Statutes.

SIGNATURE

Deloris J. Sheridan

(Signature of Agent is required when changing)

9/7/1995

| | |
|----------------------------|-----------------------|
| 12. OFFICERS AND DIRECTORS | |
| TITLE | DCP |
| NAME | BASHAW, RICHARD |
| STREET ADDRESS | % FT MYERS CITY HALL |
| CITY, ST, ZIP | FORT MYERS FL 33901 |
| TITLE | DT |
| NAME | DUQUETTE, PATRICIA |
| STREET ADDRESS | % 2776 CLEVELAND AVE. |
| CITY, ST, ZIP | FORT MYERS FL 33901 |
| TITLE | DV |
| NAME | NUCKOLLS, PAUL |
| STREET ADDRESS | 3732 LIBERTY SQUARE |
| CITY, ST, ZIP | FORT MYERS FL 33908 |
| TITLE | DS |
| NAME | SCHERER, DAVID |
| STREET ADDRESS | 3607 S.E. 17TH AVE. |
| CITY, ST, ZIP | CAPE CORAL FL 33904 |
| TITLE | D |
| NAME | CHAMBERS, MARIAN |
| STREET ADDRESS | 17745 PORT BOCA COURT |
| CITY, ST, ZIP | FORT MYERS FL 33908 |
| TITLE | D |
| NAME | BERLIN, ROSALIE |
| STREET ADDRESS | 504 N.E. 13TH AVE. |
| CITY, ST, ZIP | CAPE CORAL FL 33909 |

| | |
|---------------------------------------|----------------------|
| 13. ADDITIONAL OFFICERS AND DIRECTORS | |
| 1.1 TITLE | Director |
| 1.2 NAME | Sloan, Brian |
| 1.3 STREET ADDRESS | 909 Del Prado Blvd. |
| 1.4 CITY, ST, ZIP | Cape Coral, FL 33990 |
| 2.1 TITLE | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY, ST, ZIP | |
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY, ST, ZIP | |
| 4.1 TITLE | Director |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY, ST, ZIP | |
| 5.1 TITLE | Director/Secretary |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY, ST, ZIP | |
| 6.1 TITLE | |
| 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 is true and correct, and that the foregoing is stated in Section 607.15(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Deloris J. Sheridan
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deloris J. Sheridan

07/11/95

(941) 768-2900