

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000002 (4)

1. Corporation Name

SOUTHWEST FLORIDA COORDINATION, INC.

Principal Place of Business

10075 BAVARIA ROAD S.E.  
FORT MYERS FL 33913

Mailing Address

10075 BAVARIA ROAD S.E.  
FORT MYERS FL 33913



3. Date Incorporated or Qualified  
12/30/1994

3a. Date of Last Report  
08/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0550304

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

SHERIDAN, DELORES J  
SOUTHWEST FLORIDA COORDINATION INC  
10075 BAVARIA RD SER  
FT MYERS FL 33913

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

*DeLore J Sheridan*

(NOTE: Registered Agent signature required when reinstating)

DATE

03/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP  
NAME BASHAW, RICHARD ☐ DELETE  
STREET ADDRESS % FT MYERS CITY HALL  
CITY - ST - ZIP FORT MYERS FL 33901

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

☒ Change ☐ Addition

TITLE DT  
NAME DUQUETTE, PATRICIA ☒ DELETE  
STREET ADDRESS % 2776 CLEVELAND AVE.  
CITY - ST - ZIP FORT MYERS FL 33901

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

☐ Change ☒ Addition

TITLE DV  
NAME NUCKOLLS, PAUL ☐ DELETE  
STREET ADDRESS 3732 LIBERTY SQUARE  
CITY - ST - ZIP FORT MYERS FL 33908

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE D  
NAME SCHERER, DAVID ☐ DELETE  
STREET ADDRESS 3607 S.E. 17TH AVE.  
CITY - ST - ZIP CAPE CORAL FL

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

☒ Change ☐ Addition

TITLE DS  
NAME CHAMBERS, MARIAN ☐ DELETE  
STREET ADDRESS 17745 PORT BOCA COURT  
CITY - ST - ZIP FORT MYERS FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D  
NAME BERLIN, ROSALIE ☐ DELETE  
STREET ADDRESS 504 N.E. 13TH AVE.  
CITY - ST - ZIP CAPE CORAL FL 33909

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☒ Addition

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:

*DeLore J Sheridan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/96

Date

(941) 768-2900

DeLore J Sheridan

CR2E037 (12/95)