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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000002 (4)**

1. Corporation Name

SOUTHWEST FLORIDA COORDINATION, INC.

Principal Place of Business

Mailing Address

10075 BAVARIA ROAD S.E.
FORT MYERS FL 33913

10075 BAVARIA ROAD S.E.
FORT MYERS FL 33913-8515



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1994		3a. Date of Last Report 04/08/1996	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number 65-0550304		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	Deloris J. Sheridan (correction)		
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 *Deloris J. Sheridan* DATE **1-20-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	B <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASHAW, RICHARD	1.2 NAME	Brian Sloan
STREET ADDRESS	% FT MYERS CITY HALL	1.3 STREET ADDRESS	13099 US 41, Suite 320
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	Ft. Myers, FL
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOCKERY, SAMUEL	2.2 NAME	James Dozier
STREET ADDRESS	11830 FAIRWAY LAKES DRIVE	2.3 STREET ADDRESS	2150 Channel Way
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	N. Ft. Myers, FL
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUCKOLLS, PAUL	3.2 NAME	Patrick LaRose
STREET ADDRESS	3732 LIBERTY SQUARE	3.3 STREET ADDRESS	13755 Golf Club Hwy.
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	Ft. Myers, FL
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHERER, DAVID	4.2 NAME	Joe Slee
STREET ADDRESS	3807 S.E. 17TH AVE.	4.3 STREET ADDRESS	5789 Beechwood Trail
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	Ft. Myers, FL
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, MARIAN	5.2 NAME	
STREET ADDRESS	17745 PORT BOCA COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLIN, ROSALIE	6.2 NAME	
STREET ADDRESS	504 N.E. 13TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33909	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: *Deloris J. Sheridan*

1/13/97 (94) 768-6184

CP2E037 (9/96)