## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

## DOCUMENT # N9500005721 (4)

SW FLORIDA FIBROMYALGIA GROUP, INC.

J11 1 E J								
Principal Place of Business		Mailing Address					<b>     </b>	IO DIAGONALION FOOT
5100-318 S. CLEVELAND AVE. SUITE 348 FT. MYERS FL 33907		5100-318 S. CLEVELAND AVE. SUITE 348 FT. MYERS FL 33907						
TT. WILITO TE	55501	TI. MILITO IL VVVI				3. Date Incorporated or Qualified 11/24/1995	3a. Date of La	st Report
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number		Applied For
21)		26 Suite Apt # ata			· · · · · · -	65-0619739		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del>-</del>			5. Certificate of Status Desired		75 Additional e Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Cou	ntry		B. This corporation has liability for in		s. 199.032,
24	25	29 Decisions of Asset	30			Florida Statutes  10. Name and Address of New Re	Yes X No	
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Ac	gistered Agent	
COX, JOANNE C 13730 DOWNING LANE				82	Street Ad	cktress (P.O. Box Number is Not Acceptable	»)	
UNIT W-2				83				
	S FL 33919			84	City		<b></b> 85	Zip Code
					•		FL	·
or registere	o the provisions of Sections 617.0502 a ed agent, or both, in the State of Fiorida h, and accept the obligations of, Section	Such change was authoriz	ed by the o	ove-na corpor	med corp ration's b	poration submits this statement for the purp oard of directors. I hereby accept the appoi	ose of changing it intment as register	s registered office ed agent. I am
SIGNATURE _						·····	DATE	
<u></u>	Signature, typed or printed name of registered agent an OFFICERS AND		13.	Agent s	signature req	uired when reinstalling) ADDITIONS/CHANGES TO OFFIC		TORS IN 12
12. TILE	PD	DELETE	1.1 TI	TLE			Chang	
NAME	COX, JOANNE C	_	1.2 N	AME			_	_
STREET ADDRESS	13730 DOWNING LN., UNIT W-2		1.3 \$	TREET AL	DDRESS			
CITY - ST - ZIP	FT. MYERS FL 33919		1.4 C	ITY - ST-	ZIP			
TITLE	VD	DELETE	2.1 10	TLE	1	VD	<b>∭</b> Chang	ge 🔲 Addition
NAME	LAHAM, WILMA		2 2 N	AME		ALTHAUSER, MICHELLE		
STREET ADDRESS	1723 S.E. 39TH TERR.		238	TREET AI		13100 SHETLAND DRIVE		
CITY-ST-ZIP	CAPE CORAL FL 33910			HY-ST		FORT MYERS, FL 33912	<b>∏</b> Chang	ge 🗍 Addition
TITLE	SD	DELETE	3.1 T			SD PRIVATE PAYME	<b>⊠</b> Cuang	le 🗋 Yodinon
NAME	HAMMOND, KATIE		3.2 N			REIMEL, JAYNE		
STREET ADDRESS	5320 SUMMERUN RD., APT. 2					27526 SUFFRIDGE DRIVE	27	
CITY-ST-ZIP TITLE	FT. MYERS FL 33919 TD	DELETE	34. L	CITY-ST ITLE		<u>BONITA SPRINGS, FL 339</u> TD	∠ 2 Chang	ge Addition
NAME	ATHERTON, JO ANN			AME	ì	MARILYN BROWN	<del>7.</del>	
STREET ADDRESS						1709 S.E. 44TH TERRACE		
CITY-ST-ZIP	FT. MYERS FL 33907			ITY - ST-		CAPE CORAL, FL 33904		
TITLE	D	DELETE	5.1 T				☐ Chang	ge 🔲 Addition
NAME	GAPP, RUTH		5 2 N	AME				
STREET ADDRESS	4717 HARBORTOWN LANE		5.3 S	TREET A	DDRESS			
CITY-ST-ZIP	FT. MYERS FL 33919		5.4 0	ITY-ST-	- ZIP			
TITLÉ		DELETE	6.1 T	ITLE	ľ	D	Chan	ge 🔯 Addition
NAME			62 N	IAME		COFFEY, SHERRY		
STREET ADDRESS			635	TREET A	ADDRESS	13645 ADMIRAL COURT		
CITY-ST-ZIP			640	ITY-ST-	- ZIP	FORT_MYERS, FL 33912_		

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: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUTH GAPP

3-13-96

Pg 1072

941-433-1784 Daytmie Phone #

Daytime Phone #

CR2E037 (12/95)

N95000005721

pg.20f2

SW FLORIDA FIBROMYALGIA GROUP, INC. 5100-318 S. CLEVELAND AVENUE SUITE 348
FORT MYERS, FL 33907

**DOCUMENT # N95000005721 (4)** 

13. Additions/Changes to Officers and Directors in 12.

AT/D ATHERTON, JO ANN 5371 COUNCIL LANE FORT MYERS, 33907