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Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005074 (7)

1. Corporation Name

ADOPTION TASK FORCE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

335 FIFTH AVENUE SOUTH  
NAPLES FL 34102P.O. BOX 8085  
NAPLES FL 34101-80853. Date Incorporated or Qualified  
10/02/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

Country

29 Zip

Country

4. FEI Number

593396237

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

CLEMENT, JANICE T ESQ.  
335 FIFTH AVENUE SOUTH  
NAPLES FL 34102

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

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

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GERSTEN, RICHARD B ESQ.  
STREET ADDRESS 501 GOODLETTE ROAD NORTH, SUITE A-210  
CITY-ST-ZIP NAPLES FL 339401.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD  
NAME CLEMENT, JANICE T ESQ.  
STREET ADDRESS 335 FIFTH AVENUE SOUTH  
CITY-ST-ZIP NAPLES FL 339402.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SD  
NAME STEWART, DANEILLE D CLA,CFL  
STREET ADDRESS 5881 12TH AVENUE, NW  
CITY-ST-ZIP NAPLES FL 341193.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE TD  
NAME IAMURRI, THERESA  
STREET ADDRESS P.O. BOX 420085 N/A  
CITY-ST-ZIP NAPLES FL 341104.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D  
NAME TROESCH, T. ROBERT  
STREET ADDRESS 2210 SANTA BARBARA BLVD.  
CITY-ST-ZIP NAPLES FL 339995.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D  
NAME MINK, JOYCE  
STREET ADDRESS 1495 MAPLE STREET  
CITY-ST-ZIP FORT MYERS FL 339076.1 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 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:

Richard B. Gersten 1/3/97 (841)643-2013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0059260

CR2E037 (9/96)