


5/11/98

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005074 (7)

1. Corporation Name

ADOPTION TASK FORCE OF SOUTHWEST FLORIDA, INC.



Principal Place of Business 335 FIFTH AVENUE SOUTH NAPLES FL 34102		Mailing Address P.O. BOX 8085 NAPLES FL 34101-8085		3. Date Incorporated or Qualified 10/02/1996	
2. Principal Place of Business 21 2121 County Road 951		2a. Mailing Address 20 2121 County Road 951		4. FEI Number 59-3396237	
Suite, Apt. #, etc. 22 Suite 101		Suite, Apt. #, etc. 27 Suite 101		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Golden Gate, FL		City & State 26 Golden Gate, FL		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 34116		Country 25 U.S.A.		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 28 U.S.A.		Zip 29 34116		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 SUSAN J. STORTER	85 Zip Code 34116
82 Street Address (P.O. Box Number is Not Acceptable) 2121 County Road 951, Suite 101	
83 City GOLDEN GATE	
84 State FL	

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

S-1-98

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GERSTEN, RICHARD B ESQ. 501 GOODLETTE ROAD NORTH, SUITE A-210 NAPLES FL 33940 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VD SUSAN J. STORTER 2121 County Road 951, Suite 101 Golden Gate, FL 34116 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEMENT, JANICE T ESQ. 335 FIFTH AVENUE SOUTH NAPLES FL 33940 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD JOAN CARTER 3130 KINGS LAKE BOULEVARD NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, DANEILLE D CLACFL 5681 12TH AVENUE, NW NAPLES FL 34119 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD STEWART, DANEILLE 5681 12TH AVENUE NW NAPLES, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IAMURRI, THERESA P.O. BOX 420085 N/A NAPLES FL 34110 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD CHERYL GENTRY 12944 THIRD STREET SE FORT MYERS, FL 33905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROESCH, T. ROBERT 2210 SANTA BARBARA BLVD. NAPLES FL 33900 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINK, JOYCE 1485 MAPLE STREET FORT MYERS FL 33907 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 in an attachment with an address.

SIGNATURE:

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(941) 353-1040

CR2E037 (10/97)