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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90032 050 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N97000001749

1. Corporation Name

SW FLORIDA DISABILITY RESEARCH

Principal Place of Business Mailing Address
22959 Bayshore Road
Charlotte Harbor, FL

| | | |
|---|---|---|
| 2. Principal Place of Business 21 19505 Quesada Ave Suite, Apt. #, etc. 22 The Oak IV, Box 2911 City & State 23 Port Charlotte, FL Zip Country 24 33948 25 Charlotte | 2a. Mailing Address 26 2150 Tamiami Trail, Suite, Apt. #, etc. 27 6-165 City & State 28 Port Charlotte, FL Zip Country 29 33948 30 Charlotte | 3. Date Incorporated or Qualified 3-28-97 4. FEI Number 65-0736830 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

9. Name and Address of Current Registered Agent

Roger Liephart
19505 Quesada Avenue
The Oaks IV, Box 2911
Port Charlotte, FL 33948

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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

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 | President/Director <input checked="" type="checkbox"/> DELETE Dr. Robert Morse, MD 214 Rockaway Street Port Charlotte, FL 33954 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition J.P. Lichter 12039 Kingsway Circle Port Charlotte, FL 34266 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP/Treasurer/D <input checked="" type="checkbox"/> DELETE Roger Liephart 19505 Quesada Ave, The Oaks Port Charlotte, FL 33949 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | VP/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Craig W. Nesbitt 23335 Abrade Avenue Port Charlotte, FL 33980 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Secretary/Director <input checked="" type="checkbox"/> DELETE Bruce Campbell 2212 Ryan Boulevard Punta Gorda, FL 33950 | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | 2nd VP/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Lubrana 9241 Newmartinsville Avenue Englewood, FL 34224 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | Sec/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark Asperilla 278 Fields Terrace Port Charlotte, FL 33952 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input 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 | <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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #