

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003176 (1)**

1. Corporation Name

THE SOUTHWEST FLORIDA CHAPTER OF THE NATIONAL STROKE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2776 CLEVELAND AVE., RM. 7130
FT. MYERS FL 33907**

**2776 CLEVELAND AVE., RM. 7130
FT. MYERS FL 33907**

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

65-0755926

Applied For

Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS, LOWELL F
2776 CLEVELAND AVE., RM. 7130
FT. MYERS FL 33907**

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		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	THOMAS, LOWELL F	
STREET ADDRESS	765 SUNSET VISTA DR.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, RUTH E	
STREET ADDRESS	765 SUNSET VISTA DR.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WISE, KAREN H	
STREET ADDRESS	2776 CLEVELAND AVE., RM. 7130	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FINCH, STACIA M	
STREET ADDRESS	9993 GALLEY CT.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	OT	<input type="checkbox"/> DELETE
NAME	HENRY, MERLE F	
STREET ADDRESS	6258 PRESIDENTIAL CT.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHANLEY, MARY	
STREET ADDRESS	766 ENTRADA	
CITY-ST-ZIP	FT. MYERS FL 33919	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Snell, Mary F.	
6.3 STREET ADDRESS	3321 McGregor Blvd	
6.4 CITY-ST-ZIP	Ft. Myers, FL 33919	

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.

SIGNATURE: *Merle F. Henry* **MERLE F. HENRY**

4-17-98 (941) 481-5100

CR2E037 (1097)