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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90081 007 \*\*\*\*61.25

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**DOCUMENT # N97000003176**

1. Corporation Name

**THE SOUTHWEST FLORDIA CHAPTER OF THE NATIONAL ST  
ROKE ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

65-0755926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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  
NAME THOMAS, LOWELL F  
STREET ADDRESS 765 SUNSET VISTA DR.  
CITY-ST-ZIP FT. MYERS FL 33919 ☐ DELETE

TITLE DS  
NAME THOMAS, RUTH E  
STREET ADDRESS 765 SUNSET VISTA DR.  
CITY-ST-ZIP FT. MYERS FL 33919 ☐ DELETE

TITLE DV  
NAME WISE, KAREN H  
STREET ADDRESS 2776 CLEVELAND AVE., RM. 7130  
CITY-ST-ZIP FT. MYERS FL 33907 ☐ DELETE

TITLE D  
NAME FINCH, STACIA M  
STREET ADDRESS 9693 GALLEY CT.  
CITY-ST-ZIP FT. MYERS FL 33919 ☐ DELETE

TITLE DT  
NAME HENRY, MERLE F  
STREET ADDRESS 6258 PRESIDENTIAL CT.  
CITY-ST-ZIP FT. MYERS FL 33919 ☐ DELETE

TITLE D  
NAME SNELL, MARY F  
STREET ADDRESS 3321 MCGREGOR BLVD  
CITY-ST-ZIP FT. MYERS FL 33919 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ 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: *Merle F. Henry* **Merle F. Henry**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAR 26 1999**

Date

(941)481-5100

Daytime Phone #

CR2E037 (1/1/98)