

2002 **NOT-FOR-PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90062 044 ****61.25

DOCUMENT # N97000003176

1. Entity Name

The Southwest Florida Chapter of the National
Stroke Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

765 Sunset Vista Drive

Suite, Apt. #, etc.

3. Mailing Address

765 Sunset Vista Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL 33919

City & State

Fort Myers, FL 33919

4. FEI Number

65-0755926

Applied For

Not Applicable

Zip

33919

Country

U. S.

Zip

33919

Country

U. S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Lowell F. Thomas

Street Address (P.O. Box Number is Not Acceptable)

765 Sunset Vista Drive

City

Fort Myers

FL

Zip Code
33919

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	Thomas, Lowell F.
STREET ADDRESS	765 Sunset Vista Drive
CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	DS
NAME	Thomās, Ruth E.
STREET ADDRESS	765 Sunset Vista Drive
CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	DV
NAME	Wise, Karen H.
STREET ADDRESS	2776 Cleveland Ave., Rm. 7130
CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	D
NAME	Finch, Stacia M.
STREET ADDRESS	9693 Galley Ct.
CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	DT
NAME	Henry, Merle F.
STREET ADDRESS	6258 Presidential Ct.
CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 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

4-25-2002

(239) 481-5100

Date

Daytime Phone #

CR2E037B (12/01)