FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1998

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000005356 (7)

NEW APPROACH OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address 226 CORUMBA STREET PUNTA GORDA FL 33983 226 CORUMBA STREET PUNTA GORDA FL 33983

2a. Mailing Address

FILED Aug 26 1998 8:00am Secretary of State

Applied For Not Applicable

3. Date Incorporated or Qualified

07/02/19974. FEI Number

	lace of Business Salford Blvd.	2a. Mailing Address 26 2320 Salfor	rd Ri	vd	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
		Suite, Apt. #, etc.			6 Floation Compaign Financing	\$5.00 May Be	
22	, , , ,	27			Election Campaign Financing Trust Fund Contribution	Added to Fees	
City & State					7. Is this nonprofit corporation a hor		
23 North				☐ Yes xXX No			
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes or has paid	d the current year Intangible	
24 34287 25 USA 29 34287 30			0	USA Personal Property Tax due June 30. 🔲 Yes 🔀 No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
}			81	Name Ba	rbara Denny		
OAKS, DAVID K 252 WEST MARION AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
				2320 Salford Blvd.			
FUNIA GUNDA FL 33830			83	83			
			84	North Port 85 Zip Code			
ł			1	i Oily		FL 34287	
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							
office of re agent, far	egistered agent, or both, in the State of m tamiliar with, and accept the obligation	i Florida. Such change was au ons of, Section 617.0503, Flori	inorizeo bi da Statute	y the corporations.	on s board of directors. I hereby accept	the appointment as registered	
SIGNATURE	Barbara EV	1			8.7-	90	
) SIGNATURE .	Signature, typed or printed name of registered agent	and (itte if Applicable (NOTE: I	Registered Ag	on! signature required	d when reinstating)	DATE	
12.	OFFICERS AND	DIRECT S RS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TITLE	1			
NAME	PETERSON, KAREN		1.2 NAME	I /P	eterson, Karen		
STREET ADDRESS	226 CORUMBA STREET		1.3 STREET	ADDRESS 2	320 Salford Blvd.		
CITY-ST-ZIP	PUNTA GORDA FL 33983		1.4 CITY - 5		orth Port, FL 34		
TITLE	D	DELETE	2.1 TITLE	1)		X Change Addit	
NAME	BRANCH, VERONICA		2.2 NAME	1	ranch, Veronica		
STREET ADDRESS	226 CORUMBA STREET		2.3 STREET	ADDRESS 2	320 Salford Blvd.		
CITY-ST-ZIP	PUNTA GORDA FL 33983		2. 4 CITY -		orth Port, FL 34		
TITLE	DPST	☐ DELETE	3.1 TITLE	\neg		Change Addit	
NAME	DENNY, BARBARA		3.2 NAME		enny, Barbara		
STREET ADDRESS	226 CORUMBA STREET		3.3 STREET		320 Salford Blvd.		
CITY-ST-ZIP	PUNTA GORDA FL 33983		3.4. CITY-	ST-ZIP N		287	
TITLE		DELETE	4.1 TITLE	·	<u></u>	Change Additi	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CiTY-5				
TITLE		DELETE	5.1 TITLE			Change Additi	
NAME			5.2 NAME			• • • • • • • • • • • • • • • • •	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				
TITLE		DELETE	6.1 TITLE	11-41		Change Additi	
NAME		- Acces	6.2 NAME	1		E croude E Mante	
i				ADDOLOG			
STREET ADDRESS			6.3 STREET	1			
City-ST-ZIP	ertify that the information supplied with	this filing does not qualify for	6.4 CITY-5		ection 119.07(3)(i), Florida Statutes. I fu	urther certify that the information	
Indicated	on this annual report or supplemental a	annual report is true and accur	ate and th	at my signature	shall have the same legal effect as if r	made under oath; that I am an	

onicer or director of the corporation of the receiver or trustee empowe Block 12 or Block 13 if changed, or on an attachment with an address

7/14/98

941-426-0786