

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000048473 (9)

1. Corporation Name

FAMILY VENTURES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

2500 TAMiami TRAIL NORTH  
SUITE 112  
NAPLES FL 33940

Mailing Address

2500 TAMiami TRAIL NORTH  
SUITE 112  
NAPLES FL 33940

3. Date Incorporated or Qualified  
06/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 14680 S. TAMiami TRAIL

26 14680 S. TAMiami TRAIL

4. FEI Number  
65-059-1449

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State  
FT. MYERS FL

28 City & State  
FT. MYERS FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip  
33908

25 Country  
LEE

29 Zip  
33908

30 Country  
LEE

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEBHARDT, ROBERT C  
2500 TAMiami TRAIL NORTH  
SUITE 112  
NAPLES FL 33940

81 Name  
CLYDE KURLANDER

82 Street Address (P.O. Box Number is Not Acceptable)  
3510 WILD INDIGO LANE

83

84 City  
BONITA SPRINGS

FL

85 Zip Code  
33923

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Clyde Kurlander*

(P.O. Registered Agent Signature required when beneficial)

5/30/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KURLANDER, CLYDE  
2500 TAMiami TRAIL NORTH #112  
NAPLES FL 33940 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KURLANDER, JOY B  
2500 TAMiami TRAIL NORTH #112  
NAPLES FL 33940 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~STANEK, GERALD D~~ ☐ DELETE  
~~2284 CHANDLER AVE~~  
~~FORT MYERS FL 33907~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~STANEK, JULIANNE~~ ☐ DELETE  
~~2284 CHANDLER AVE~~  
~~FORT MYERS FL 33907~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

*Clyde Kurlander*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CLYDE KURLANDER, TREASURER/DIRECTOR

5/30/96

9414330588

Daytime Phone #

CR2E034 (12/95)