FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 11 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704669 (1)

1. Corporation Name

THE UNITED WAY OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
852 1ST AVE SOUTH NAPLES FL 33940	852 1ST AVE SOUTH NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1962
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1026096 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HILFIKER, ALAN F.
800 LAUREL OAK DR. STE 400
NAPLES FL 33942

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 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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	ABERNATHY, JAY R	1.2 NAME	Buddy Brunker
STREET ADDRESS	1022 SPERLING AVE	1.3 STREET ADDRESS	852-1st Avenue, S.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, Fl 33940
TITLE	VD	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	ANDERSON, HERBERT	2.2 NAME	Robert Hubbard
STREET ADDRESS	510 BROAD AVE S	2.3 STREET ADDRESS	5400 Taylor Rd
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, Fl 33942
TITLE	VP	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	BRUNKER, BUD	3.2 NAME	James Kelley
STREET ADDRESS	P O BOX 2477 NA	3.3 STREET ADDRESS	2076-9th St,. N
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, Fl 33940
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	GARDNER, SUSAN	4.2 NAME	
STREET ADDRESS	4949 TAMIAMI TR, N	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	KAY BRINKMEYER	5.2 NAME	
STREET ADDRESS	801 LAUREL OAK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	ED	6.1 TITLE	☐ Change ☐ Addition
NAME	KENWORTHY, TOMMYE S	6.2 NAME	
STREET ADDRESS	852-1ST AVE S	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tommye Kenworthy Tommye Kenworthy (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 5/5/95 (Date) 813-261-7112 (Daytime Phone #)

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