

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
10/16/1962

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1026096

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**

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BRUNKER, BUDDY	
STREET ADDRESS	852-1ST AVE. SOUTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUBBARD, ROBERT	
STREET ADDRESS	5400 TAYLOR ROAD	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KELLEY, JAMES	
STREET ADDRESS	2076 9TH ST. NORTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GARDNER, SUSAN	
STREET ADDRESS	4949 TAMiami TR, N	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KAY BRINKMEYER	
STREET ADDRESS	801 LAUREL OAK DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	KENWORTHY, TOMMYE S	
STREET ADDRESS	852-1ST AVE S	
CITY-ST-ZIP	NAPLES FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUBBARD, ROBERT	
1.3 STREET ADDRESS	5400 TAYLOR ROAD	
1.4 CITY-ST-ZIP	NAPLES, FL 33942	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MC KIM, MISSY	
2.3 STREET ADDRESS	735 8th STREET SOUTH	
2.4 CITY-ST-ZIP	NAPLES, FL 33940	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BREWER, GEORGE	
3.3 STREET ADDRESS	1800 NORTH TAMiami TRAIL	
3.4 CITY-ST-ZIP	NAPLES, FL 33940	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MURPHY, MICHAEL	
4.3 STREET ADDRESS	333 8TH STREET SOUTH	
4.4 CITY-ST-ZIP	NAPLES, FL 33940	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BRETZMANN, ERNEST	
6.3 STREET ADDRESS	852 1ST AVENUE SOUTH	
6.4 CITY-ST-ZIP	NAPLES, FL 33940	

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: **Ernest Bretzmann**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96
Date

941-261-7112
Daytime Phone #

CR2E037 (12/95)