


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-1026096**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 **BRETZMANN, ERNEST**

82 Street Address (P.O. Box Number is Not Acceptable)  
**852 1ST AVE. SOUTH**

83

84 City **NAPLES** **FL** 85 Zip Code **34102**

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

**1-16-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	<b>HAZZARD WILLIAM</b>
STREET ADDRESS	<b>3001 9TH ST N</b>
CITY-ST-ZIP	<b>NAPLES FL</b>

TITLE	<input type="checkbox"/> DELETE
NAME	<b>MCKIM, MISSY</b>
STREET ADDRESS	<b>735 8TH STREET S</b>
CITY-ST-ZIP	<b>NAPLES FL</b>

TITLE	<input type="checkbox"/> DELETE
NAME	<b>VORIS DOUG</b>
STREET ADDRESS	<b>796 5TH AVE S</b>
CITY-ST-ZIP	<b>NAPLES FL</b>

TITLE	<input type="checkbox"/> DELETE
NAME	<b>KAY BRINKMEYER</b>
STREET ADDRESS	<b>971 AIRPORT RD N</b>
CITY-ST-ZIP	<b>NAPLES FL</b>

TITLE	<input type="checkbox"/> DELETE
NAME	<b>BRETZMANN, ERNEST</b>
STREET ADDRESS	<b>852 1ST AVENUE S</b>
CITY-ST-ZIP	<b>NAPLES FL</b>

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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** 1-16-98 941-261-7112

CR2E037 (10/97)