FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 71343

(8)

THE COLLIED FORMINATION INC

FILED Jan 20 1998 8:00am Secretary of State

INE C	OLLIER FOUNDATION, INC.					
Principal Place of Business Mailing Address				F 100414 18401 JUDON CITAL NINGE (JITA 1811 0)841	MINEL BENEF NEDET WINTE RESEA FROM	
3001 NORTH TAMIMAI TRAIL 3001 NORTH TAMIAMI STE 207 STE 207		3001 NORTH TAMIAMI TRAIL STE 207			3. Date Incorporated or Qualified	
NAPLES FL 33940 NAPLES FL 33940				10/10/1967 4. FEI Number	Applied For	
US		US			59-0163703	Not Applicable
2. Principal P	Place of Business	2a. Mailing Address				\$8.75 Additional
21		26			5. Certificate of Status Desired	Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
22					Trust Fund Contribution	Added to Fees
City & State City & State 28			7. Is this nonprofit corporation a homeowners association?			
Zip Country Zip		Country 8. This corporation owes or has paid the current year Intangible				
24 34	103 25	34103 3	i		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent
				Name		
TEGTMEYER, SUSETTE L.			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
1	MIAMI TRAIL NORTH STE 207 5 FL 34103		83	 		
11/11/2000	712 04100			-		- I - I - O - I
			84		F	L 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statutes,	the above	e-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the second state of the second sec	of changing its registered
agent. I a	m familiar with, and accept the obligation	ions of, Section 617.0503, Florid	a Statutes	, 110 corpora 8.	ation's board of directors. Thereby accept the ap	opositivient as registered
SIGNATURE						
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	ant signature requ	uked when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	VD CHARLES AND	DELETE	1.1 TITLE		TOPHIOLOGICA TO OFFICE A	☐ Change ☐ Addition
NAME	COLLIER, MILES C	_	1.2 NAME			
STREET ADDRESS	3001 NORTH TAMIMAI TRAIL,	STE 207	1,3 STREET	ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY - S	iT-ZIP);
TITLE	PD	DELETE	2.1 TITLE			Change Addition
NAME	READ, ISABEL COLLIER		2.2 NAME			
STREET ADDRESS	3001 NORTH TAMIAMI TRAIL,	A				
CITY-ST-ZIP		STE 207	2.3 STREET	ADDRESS		
	NAPLES FL	STE 207	2.3 STREET 2. 4 CITY-S			
TIME	NAPLES FL DV	STE 207				☐ Change ☐ Addition
TITLE NAME			2. 4 CITY-5		<u> </u>	Change Addition
}	DV	☐ DELETE	2. 4 CITY-5 3.1 TITLE	ST-ZIP	<u> </u>	Change Addition
NAME	DV COLLIER, BARRON G., II 3001 NORTH TAMIMAI TRAIL, NAPLES FL	DELETE STE 207	2. 4 CITY~5 3.1 TITLE 3.2 NAME	ST-ZIP ADDRESS		
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4. 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 9 98 941-435-1122 Dayline Phone # market