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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:18

DOCUMENT # 723620 (1)

1. Corporation Name
NEW APPROACH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 POPHAM DR. FORT MYERS FL 33919	1500 POPHAM DR. FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1972
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1408395 ☐ 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
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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CIRESI, RUTH ANN
1500 POPHAM DRIVE A-41
FORT MYERS FL 33919

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PLACHETKA, LUICLLE	1.2 NAME	
STREET ADDRESS	1500 POPHAM DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	CIRESI, RUTH ANN	2.2 NAME	JUNE FOLATKO
STREET ADDRESS	1500 POPHAN DR A-40	2.3 STREET ADDRESS	1500 POPHAM DR C-23
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FT. MYERS, FL.
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	MERIGAN, PAULA	3.2 NAME	ALICE WILSON
STREET ADDRESS	1500 POPHAM DRIVE C-18	3.3 STREET ADDRESS	1500 POPHAM DR C4
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	FT. MYERS, FL.
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, HAROLD DR.	4.2 NAME	
STREET ADDRESS	1500 POPHAM DR. C22	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	VD ☒ Change ☐ Addition
NAME	WOLLENBERG, GLADYS	5.2 NAME	JOHN BOOTHBY
STREET ADDRESS	1500 POPHAM DRIVE C-20	5.3 STREET ADDRESS	1500 POPHAM DR
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	FT. MYERS, FL.
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: June Folatko 3-7-95 813-482-3260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JUNE FOLATKO

0060001