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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 755717

(6)

Cry & State 28	UNITED ARTS COUNCIL OF COLLIER COUNTY, INC.					 	 	
1051 STH AVE S SUIFE 200 SUIFE 201	Principal Place	of Rusiness	Molling Addrson					
SUITE 200 NAPLES FL 33940-4455 US SUITE 207 SUID ADDRESS SUITE SU	i inicipai riace	of Dusiness	Maning Address					
10	SUITE 300 NAPLES FL 33940-4435 US		SUITE 300					
Suite, Apt. F. etc.			US		12/30/1980		,	
Salet, April 4, etc. Salet, April 4, etc.		ace of Business	<u> </u>			1		Applied For
27		H oto	 			59-2070580		-
22p Country Zp Country Sp Sp. Own Added to Fees Proof Control Country Sp Sp. Own Brightered Fees Sp Country Sp	22		27			5. Certificate of Status Desired	1 1	
Zip Country Zip Country Zip Country Zip Country Zip Street Address of Current Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptance) **To Address of New Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptance) **To Address of New Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptance) **To Address of New Registered Agent Street	⊢		<u> </u>	¬ ·		6. Election Campaign Financing	□ \$	5.00 May Be
25 29 30							<i>-</i>	
CARDILLO, JOHN P. 3550 TAMIAMI TRAIL E. NAPLES FL. 33962 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes the above named corporation's blanch of the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's blanch of directors. I heretry accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's blanch of directors. I heretry accept the appointment as registered agent. I am trainiar with, and accept the obligations of, Section 617.0502 hours are admitted by the corporation's blanch of directors. I heretry accept the appointment as registered agent. I am trainiar with, and accept the obligations of, Section 617.0502, Priorida Statutes. Significant special remit of implained agent and tile 1 appoints. Significant special remit of implained agent and tile 1 appoints. PD.		1						
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CARDILLO, JOHN P. 3550 TAMIAMI TRAIL E. NAPLES FL 33962 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes, the above remed corporation submits this statement for the purpose of changing lis registered office registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office registered agent, or both, in the State of Florids. Statutes, the above remed corporation submits this statement for the purpose of changing lis registered office registered agent. I am statement for the purpose of change is registered office registered agent. I am statement for the purpose of the appointment as registered agent. I am statement for the purpose of the appointment as registered office registered office registered agent. I am statement for the purpose of the appointment as registered agent. I am statement for the purpose of change is registered office. SIGNATURE Signature, hydro preserves departed agent and the Liquides. PD CFFICERS AND DIRECTORS. 13. ADDITIONS OF MARCIS TO OFFICENS AND DIRECTORS IN 12. 12. AMB LANGE, GEORGE 1170 SRD ST. S., #205 13. ADDITIONS OF MARCIS TO OFFICENS AND DIRECTORS IN 12. 22. AMB 110 STAMM, TIM 2430 SHADOWLAWN DR #14 13. ADDITIONS OF MARCIS TO OFFICENS AND DIRECTORS. 14 CITY-ST-2P 17 D Change Addition 17 D Change Addition 18 CITY-ST-2P 18 CITY			g	81	Name	10. Nume and Address of New Ne	gistered Agent	1
NAPLES FL 33962	CARDILLO, JOHN P.			82		duress (P.O. Box Number is Not Acceptable	a)	
HAVE TO SAME 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above remied corporation submits this statement for the purpose of changing its registered office framitar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE To purpose of Picorias Statutes and Picoria Statutes and Picoria Statutes and Picoria Statutes. Statutes and Picoria Statutes and Picoria Statutes and Picoria Statutes. Statutes and Picoria Statutes and Picoria Statutes. Statutes and Picoria Statutes and Picoria Statutes and Picoria Statutes and Picoria Statutes. Statutes and Picoria Statutes. Statutes and Picoria Statutes and Pico	3550 TAMIAMI TRAIL E.							
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutus, the above named corporation extendist with a 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 ogent. I am familiar with, and accept the obligations of, section 617,0503, Florida Statutes. SIGNATURE To	NAPLES	FL 33962		83				
SIGNATURE Symbol to private name of registered agent and \$10 agentation 1901 13.				84	City		FL 85	Zip Code
SIGNATURE Symbol period remot of registered agent and die i agentaria. POTE Registered Agent signature resultancy Change Change Addition	11. Pursuant to or register familiar with	to the provisions of Sections 617.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of Section	ind 617,1508, Florida Statut i. Such change was authoriz n 617,0503, Florida Statutes	es, the above need by the corpo	amed cor bration's b	poration submits this statement for the purp loard of directors. I hereby accept the appoi	ose of changing intmont as regist	its registered office ered agent. I am
POIL Registered Apent Signature, Speed or pented many of the placescales POIL Registered Apent Signature respical vision from the registered apent and the 14 appointment Apent Signature respical vision from the registered apent and the 14 appointment Apent Signature respical vision from the registered apent and the 14 appointment Apent Signature respical vision from the registered apent and the 14 appointment Apent Signature respical vision from the registered Applet Signature registered Applet Signature respical vision from the registered Applet Signature respical vision from the registered Applet Signature registered Applet Signature registered Applet Signature registered applet Signature registered r		, and another the stage time of the section	TO THOUGHT TO THE CHARGE	<i>.</i>				
Title	SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable (NC	DTE: Registered Agent	signaturo rec	juired when renistating)	DATE	
NAME LANGE, GEORGE 12 NAME GAMBIC Macricon 744 Wedge Dr. #18 NAPLES FL 14 (CITY-ST-2IP NAPLES FL 33 (940 Macricon Ma	12.	OFFICERS AND		13.		ADD:TIONS/CHANGES TO OFFIC	DERS AND DIFIE	CTORS IN 12
STAMM, TIM	TITLE	PD	DELETE	1.1 TITLE	T			nge 🔼 Addition
STAMM, TIM	NAME	LANGE, GEORGE		1.2 NAME		Gamble, Mourien		
STAMM, TIM	STREET ADDRESS	1170 3RD ST. S., #205		1.3 STREE1	ADDRESS	7+4 Wedge Dr. #18		
STAMM, TIM	CITY-ST-ZIP	NAPLES FL		1.4 CITY - ST	- ZIP	Naoles, FL 33440		
STREET ADDRESS 2430 SHADOWLAWN DR #14 23 STREET ADDRESS 24 CITY-ST-ZIP	TITLE		□ DELETE	2.1 TITLE			☐ Cha	nge 🔲 Addition
CITY-ST-ZIP	NAM5			2.2 NAME				
TD	STREET ADDRESS			23 STREET.	ADDRESS			
NAME STREET ADDRESS CITY-S1-ZIP NAPLES FL 32 NAME 33 STREET ADDRESS CITY-S1-ZIP NAPLES FL 34 CITY-S1-ZIP NAME COX, DOROTHY STREET ADDRESS CITY-S1-ZIP NAPLES FL 32 NAME 33 STREET ADDRESS AL CITY-S1-ZIP AL CITY-S1-ZIP AL CITY-S1-ZIP NAME COX, DOROTHY 42 NAME 43 STREET ADDRESS CITY-S1-ZIP NAPLES FL 33 Y S AME 44 CITY-S1-ZIP TITLE V COX, DOROTHY 51 TITLE V COX, DOROTHY 51 TITLE V COX, DOROTHY 51 TITLE V COX, DOROTHY 52 NAME 53 STREET ADDRESS CITY-S1-ZIP NAME GRUSZKA, MARY M 52 NAME 53 STREET ADDRESS CITY-S1-ZIP NAPLES FL 33942 54 CITY-S1-ZIP TITLE S Change Addition Change Addition				2 4 CITY-S	T-ZIP			
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					4DOMESS	3701 Tamiamy Tr. N.		
14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	14. I do hereb	y certify that the information supplied wi	th this filing is voluntarily furn	nished and does	not qualit	fy for the exemption stated in Section 119.0	7(3)(k), Florida S	tatutes. 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:

| Marion | Jumble | J