

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **756763** (9)

1. Corporation Name

**NAPLES COUNCIL ON WORLD AFFAIRS, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 1434  
NAPLES FL 33939

P.O. BOX 1434  
NAPLES FL 33939

3. Date Incorporated or Qualified  
**03/13/1981**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**59-2139347**

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

CHRYSTAL, NEIL R., ESQ.  
C/O MERSHON, SAWYER, JOHNSON, ET AL  
5551-RIDGEWOOD DR S501  
NAPLES FL 33963

81 Name **CHRYSTAL, NEIL R., ESQ**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6 DUNWOODY WHITE & LANDEN, P.A**  
83 **4001 TAMIANI TRAIL NORTH, SUITE 395**  
84 City **NAPLES, FL** 85 Zip Code **33940**

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D**  
STREET ADDRESS **BEDELL, ELINOR**  
CITY-ST-ZIP **1807 SNOOK DRIVE**  
**NAPLES FL**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **PD**  
STREET ADDRESS **HARTMAN, WM. C.**  
CITY-ST-ZIP **100 GLENVIEW PLACE, #607**  
**NAPLES FL**

2.2 NAME **SD**  
2.3 STREET ADDRESS **MORRISON, PATRICIA A**  
2.4 CITY-ST-ZIP **2453 LANTERN LANE**  
**NAPLES, FL 33940**

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **SD**  
STREET ADDRESS **CHOCKLEY, F. WILSON J**  
CITY-ST-ZIP **512 SOUTH 21 AVE**  
**NAPLES FL**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **TD**  
STREET ADDRESS **DALEY, JOSEPH**  
CITY-ST-ZIP **4401 GULF SHORE BLVD N S1806**  
**NAPLES FL**

4.2 NAME **VD**  
4.3 STREET ADDRESS **4401 GULF SHORE BLVD. N, # 1102**  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME **VD**  
STREET ADDRESS **TREADWELL, DONALD**  
CITY-ST-ZIP **5970 PELICAN BAY BLVD #535**  
**NAPLES FL**

5.2 NAME **PD**  
5.3 STREET ADDRESS **500001848935**  
5.4 CITY-ST-ZIP **-06/04/96--01009--021**  
**\*\*\*\$1.25**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **TD**  
STREET ADDRESS **FOULKE, EDWARD**  
CITY-ST-ZIP **1717 GULF SHORE BLVD. N, # 701**  
**NAPLES, FL 33940**

6.2 NAME  
6.3 STREET ADDRESS  
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)(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: *Joseph M. Daley, Vice President Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (941) 434-5936

Date

Daytime Phone #

CR2E037 (12/95)