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Jan 30, 1999 8:00am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756763

1. Corporation Name

NAPLES COUNCIL ON WORLD AFFAIRS, INC.

Principal Place of Business

P.O. BOX 1434  
NAPLES FL 34106-1434  
US

Mailing Address

P.O. BOX 1434  
NAPLES FL 34106-1434  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/13/1981

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

9. Name and Address of Current Registered Agent

CHRYSTAL, NEIL R., ESQ.  
C/O DUNWOODY, WHITE & LONDON, P.A.  
4001 TAMiami TRAIL NORTH SUITE 395  
NAPLES FL 33940

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 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

TITLE D ☐ DELETE

NAME DAVIS, WILLIAM  
STREET ADDRESS 2901 CRAYTON RD  
CITY-ST-ZIP NAPLES FL 34103

TITLE SD ☐ DELETE

NAME MORRISON, PATRICIA A.  
STREET ADDRESS 2453 LANTERN LANE  
CITY-ST-ZIP NAPLES FL 34134

TITLE VD ☐ DELETE

NAME FOULKE, EDWARD  
STREET ADDRESS 1717 GULF SHORE BOULEVARD NORTH #701  
CITY-ST-ZIP NAPLES FL 34102

TITLE PD ☐ DELETE

NAME DALEY, JOSEPH  
STREET ADDRESS 4401 GULF SHORE BOULEVARD NORTH #1102  
CITY-ST-ZIP NAPLES FL 34103

TITLE TD ☐ DELETE

NAME BUSH, JAMES  
STREET ADDRESS 6361 PELICAN BAY BLVD #701  
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Date

941.591.8550

Daytime Phone #

CR2E037 (11/98)