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 JAN 19 AM 9:10

DOCUMENT # **768148** **(9)**

1. Corporation Name

MORALITY IN MEDIA OF NAPLES, INC.

Principal Place of Business	Mailing Address
440 SPINNAKER DRIVE NAPLES FL 33940	4501 NO TAMIAMI TRL STE 300 NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1983	3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2340778	☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MALONEY, THOMAS E.
4501 TAMIAMI TRAIL NORTH
SUITE 300
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 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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☑ Addition
NAME	MALONEY, THOMAS E.	12 NAME	RUTH GRIFFIN	
STREET ADDRESS	148 RIDGE DRIVE	13 STREET ADDRESS	505 WHISPERING PINE LANE	
CITY-ST-ZIP	NAPLES FL	14 CITY ST ZIP	NAPLES, FL. 33940	
TITLE	D	21 TITLE	D	☐ Change ☑ Addition
NAME	STURDIVENT, RACHEL	22 NAME	CRAIG TERNDRUP	
STREET ADDRESS	255 YUCCA DR	23 STREET ADDRESS	3270 1ST AVE N.W	
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	NAPLES, FL. 33964	
TITLE	D	31 TITLE	D	☐ Change ☑ Addition
NAME	HATTEMER, BARBARA	32 NAME	EILEEN MYERS	
STREET ADDRESS	440 SPINNAKER DRIVE	33 STREET ADDRESS	173 PENNY LANE #8	
CITY-ST-ZIP	NAPLES FL	34 CITY ST ZIP	NAPLES, FL. 33962	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	FISHER, LEE	42 NAME		
STREET ADDRESS	324 PALM DR	43 STREET ADDRESS		
CITY ST ZIP	NAPLES FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	CRIMMEL, SHARON	52 NAME		
STREET ADDRESS	676 FOUNTAINHEAD LANE	53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Thomas E Maloney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95
Date

813-434-4931
Daytime Phone #

0016847