

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N13429 (8)

1. Corporation Name

LEAGUE OF WOMEN VOTERS OF COLLIER COUNTY EDUCATION FUND, INC.



Principal Place of Business

660 8TH ST. NORTH
SUITE 358
NAPLES FL 33940

Mailing Address

660 8TH ST. NORTH
SUITE 358
NAPLES FL 33940

3. Date Incorporated or Qualified
02/13/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2659558

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24

25

Country

29

Zip

30

Country

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

**FITCH, DOROTHY J.
222 HARBOUR DR. #504
NAPLES FL 33940**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** ☒ DELETE
NAME **FITCH, DOROTHY J**
STREET ADDRESS **222 HARBOUR DR. #504**
CITY - ST - ZIP **NAPLES FL**

11 TITLE **VPD** ☒ Change ☐ Addition
12 NAME **CLARK, PATRICIA**
13 STREET ADDRESS **201 Colonade Circle**
14 CITY - ST - ZIP **Naples, FL 33940** ☐ Change ☐ Addition

TITLE **PD** ☐ DELETE
NAME **SLEBODNIK, KATHLEEN**
STREET ADDRESS **32 PEBBLE BCH BLVD.**
CITY - ST - ZIP **NAPLES FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **VPD** ☒ DELETE
NAME **CAMPBELL, ANN**
STREET ADDRESS **103 CLUBHOUSE LANE #285**
CITY - ST - ZIP **NAPLES FL**

31 TITLE **VPD** ☒ Change ☐ Addition
32 NAME **WOLFE, NANCY**
33 STREET ADDRESS **12902 Bald Cypress Lane**
34 CITY - ST - ZIP **Naples, FL 33999** ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **UROUHART, JACQUELINE**
STREET ADDRESS **1395 MORNINGSIDE DR**
CITY - ST - ZIP **NAPLES FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **ELLIOTT, BARBARA**
STREET ADDRESS **3584 SANTIAGO WAY**
CITY - ST - ZIP **NAPLES FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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:

Barbara W. Elliott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara W. Elliott

4/17/96

Date

Daytime Phone #

941-263-4656

CR2E037 (12/95)