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FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N14213 (5)

1. Corporation Name

FRIENDS OF COLLIER COUNTY MUSEUM, INC.

Principal Place of Business

COLLIER COUNTY MUSEUM  
3301 TAMiami TRAIL EAST  
NAPLES FL 33962-4961

Mailing Address

COLLIER COUNTY MUSEUM  
3301 TAMiami TRAIL EAST  
NAPLES FL 34112-49613. Date Incorporated or Qualified  
04/07/19863a. Date of Last Report  
04/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

P.O. Box 2181

27

Suite, Apt. #, etc.

27

City &amp; State

28

Naples FL 34102

29

34102

Country

COLLIER

4. FEI Number

59-2653840

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

MARY HERBERT CHENERY  
4336 BEECHWOOD LAKE DRIVE  
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

SAME

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

MARY HERBERT CHENERY

Mary Herbert Chenery

1-18-97

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

PD

NAME

LYNN WUESTHOFF JOLB

STREET ADDRESS

788 PARK SHORE DRIVE #A22

CITY-ST-ZIP

NAPLES FL

☐ DELETE

TITLE

VD

NAME

J. ROLAND "JACK" LIEBER

STREET ADDRESS

1135 CYPRESS WOODS DRIVE

CITY-ST-ZIP

NAPLES FL 34103

☐ DELETE

TITLE

TD

NAME

MARY HERBERT CHENERY

STREET ADDRESS

4336 BEECHWOOD LAKE DRIVE

CITY-ST-ZIP

NAPLES FL 34112

☐ DELETE

TITLE

SD

NAME

MYRNA ELIS

STREET ADDRESS

811 KNOLLWOOD COURT

CITY-ST-ZIP

NAPLES FL 34108

☐ DELETE

TITLE

D

NAME

NANCY BLADICH

STREET ADDRESS

293 WEST AVENUE

CITY-ST-ZIP

NAPLES FL 34108

☐ DELETE

TITLE

D

NAME

GAIL FLATTO

STREET ADDRESS

594 BAY VILLA LANE

CITY-ST-ZIP

NAPLES FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☒ Change☐ Addition

14. I do 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 517, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARY HERBERT CHENERY

1-18-97

841-775-2180  
941-262-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0080017

CR2E037 (9/96)