

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N35739** (4)
1. Corporation Name
COLLIER UNITED FOR RIGHTS AND EQUALITY, INC.

95 MAY -1 PM 1:02

Principal Place of Business Mailing Address
1749 COUNTY ROAD 951, SUITE 104
C/O REV HOWARD ALLEN SR.
GOLDEN GATE FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/18/1989** 3a. Date of Last Report **03/10/1994**
4. FEI Number **59-2827748** Applied For
Not Applicable

2. Principal Place of Business Suite 2b. Mailing Address Suite
21 **1725 County Rd 951, 104** 25 **1725 County Rd 951, 104**
22 Suits, Apt. #, etc. 27 Suits, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$9.75 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

9. Name and Address of Current Registered Agent
WILLIAMS, CHARLES A
2899 50TH STREE S.W.
NAPLES FL 33999

10. Name and Address of New Registered Agent
81 Name **Rev. Howard Allen, Sr.**
82 Street Address (P.O. Box Number is Not Acceptable)
430 Gaunt Street
83
84 City **Immokalee** 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 *Howard Allen* DATE **2/27/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, CHARLES A.
STREET ADDRESS	2899 50TH STREET S.W.
CITY - ST - ZIP	NAPLES FL
TITLE	VD
NAME	ALLEN, REV. HOWARD SR
STREET ADDRESS	430 GAUNT STREET
CITY - ST - ZIP	IMMOKALEE FL
TITLE	TD
NAME	ALLEN, OPHELIA
STREET ADDRESS	430 GAUNT STREET
CITY - ST - ZIP	IMMOKALEE FL
TITLE	S
NAME	VASQUEZ, CRISTINA
STREET ADDRESS	229 N. 2ND STREET
CITY - ST - ZIP	IMMOKALEE FL
TITLE	SD
NAME	MIDNEY, PAUL
STREET ADDRESS	1807 ROBERTS AVENUE
CITY - ST - ZIP	IMMOKALEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Rev. Warren Adkins
13 STREET ADDRESS	6809 YARBERRY LANE
14 CITY - ST - ZIP	NAPLES, FL 33942
21 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Vivian Bass
33 STREET ADDRESS	4424 31st AVE., SW.
34 CITY - ST - ZIP	NAPLES, FL 33999
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Howard Allen Sr.* DATE **2/27/95** (813) 455-9835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REPORT FILED BY MAIL