


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35739 (4)**  
1. Corporation Name  
**COLLIER UNITED FOR RIGHTS AND EQUALITY, INC.**



Principal Place of Business <b>1725 COUNTY RD 951 STE 104 GOLDEN GATE FL 33999 US</b>	Mailing Address <b>725 COUNTY RD 951 STE 104 GOLDEN GATE FL 33999 US</b>
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3. Date Incorporated or Qualified <b>12/18/1989</b>	3a. Date of Last Report <b>06/25/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

4. FEI Number <b>59-2827748</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**ALLEN, HOWARD SR  
430 GAUNT ST  
IMMOKALEE FL 33999**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 Ophelia Allen Organizer June 11 1997  
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	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ADKINS, WARREN REV</b>	
STREET ADDRESS	<b>6809 YARBERRY LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, REV. HOWARD SR</b>	
STREET ADDRESS	<b>430 GAUNT STREET</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BASS, VIVIAN</b>	
STREET ADDRESS	<b>4424 31ST AVE SW</b>	
CITY-ST-ZIP	<b>NAPLES</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>VASQUEZ, CRISTINA</b>	
STREET ADDRESS	<b>229 N. 2ND STREET</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MIDNEY, PAUL</b>	
STREET ADDRESS	<b>1807 ROBERTS AVENUE</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>Sharon Tims</b>	
STREET ADDRESS	<b>202 Eustis Ave</b>	
CITY-ST-ZIP	<b>Immokalee FL 34142</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Secretary Sharon Tims</b>
6.3 STREET ADDRESS	<b>202 Eustis Ave</b>
6.4 CITY-ST-ZIP	<b>Immokalee FL 34142</b>

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

Ophelia Allen Organizer June 11 1997 405-455-8838

CR2E037 (9/96)