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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 APR 11 PM 9:52

DOCUMENT # N22566 (6)

1. Corporation Name
SUPPORTERS OF DEL-NOR WIGGINS PARK, INC.

Principal Place of Business	Mailing Address
11100 GULF DRIVE NORTH C/O DONALD W. STAEHLIN NAPLES FL 33963	11100 GULF DRIVE NORTH C/O DONALD W. STAEHLIN NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1987
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0013222 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STAEHLIN, DONALD W.
11100 GULF SHORE DRIVE NORTH
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name: ROSEMARY MIKTUK
82 Street Address (P.O. Box Number is Not Acceptable): 4501 SPRING CREEK #210
83: BONITA SPRINGS
84 City: FL 85 Zip Code: 33923

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: Rosemary Miktuk 4-7-95
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	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	REHWOLDT, EILEEN	1.2 NAME	ROSEMARY MIKTUK
STREET ADDRESS	509 100TH AVENUE NORTH	1.3 STREET ADDRESS	4501 SPRING CREEK #210
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923
TITLE	DV	2.1 TITLE	DV ☐ Change ☐ Addition
NAME	BRENNAN, TERRY	2.2 NAME	JIMMY CHATHAM
STREET ADDRESS	703 107TH AVENUE NORTH	2.3 STREET ADDRESS	310 12TH AVE N.W
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	NAPLES, FL. 33964
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	WEST, EDNA	3.2 NAME	
STREET ADDRESS	706 107TH AVENUE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	FLORENCE G NOFRIO DT ☒ Change ☐ Addition
NAME	PELEY, KAY	4.2 NAME	
STREET ADDRESS	586 108TH AVENUE NORTH	4.3 STREET ADDRESS	612 104TH AVE N.
CITY-ST-ZIP	NAPLES FL 33963	4.4 CITY-ST-ZIP	NAPLES, FL. 33963
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BRENNAR, JOHN	5.2 NAME	
STREET ADDRESS	703 107 AVE. N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	STACK, TIMOTHY	6.2 NAME	KAY PELEY
STREET ADDRESS	485 VANDERBILT RD APTS	6.3 STREET ADDRESS	586 108TH AVE N.
CITY-ST-ZIP	NAPLES FL 33963	6.4 CITY-ST-ZIP	NAPLES, FL. 33963

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: Florence G. Nofrio FLORENCE G. NOFRIO 4/7/95 813-597-6463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061832

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $130.00	ANNUAL REPORT $61.25 + $68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the fo[illegible]ugh a United States Bank to Department of State.) Fee is $130.00.

Block 1. Block 1 is preprinted with the corporatio[illegible] N27564 [illegible]s as previously reported to our office. The name of corporation cannot be changed by way [illegible]

Block 2. Enter the principal place of business if di[illegible] eviously reported, in Block 2.

Block 2a. If the computer-entered mailing address [illegible] 13. [illegible] fice Box is acceptable.

Block 3. Enter the date of incorporation or qualific[illegible]

Block 3a. Enter the file date of the last filed annual [illegible] D.

Block 4. Complete Block 4 by entering your Federi[illegible] ELLEN SOWERS [illegible] If "applied for" is preprinted in Block 4, you must now provide the FEI number. For assistar[illegible]

Block 5. Should you desire a certificate reflecting [illegible] 557 98TH AVE. N [illegible] ck 5 and include an additional $8.75 with your filing fee.

Block 6. Florida law allows for a voluntary contribu[illegible] NAPLES, FL 33963 [illegible] of political campaigns for the offices of the Governor and members of the Cabinet. If you would[illegible]

Block 7. If this corporation is a non-profit corpora[illegible] [illegible] vice Code, please check the box. The corporation is not subject to the $68.75 supplementa[illegible] [illegible] profit corporations must pay the supplemental corporation fee. Please direct all questior[illegible] D.

Block 8. Check the appropriate box. Please direct [illegible] Joyce McCoy [illegible] 71.

Block 9. The law requires that each corporation ha[illegible] 549 PALM RIVER DR. [illegible] Block 9 is incorrect, enter the correct information in Block 10. There is no additional fee to [illegible]

Block 10. Enter name of new Registered Agent and [illegible] NAPLES, FL 33942 [illegible] service is NOT acceptable for service of process. THE CORPORATION CANNOT BE ITS OW[illegible]

Block 11. The new registered agent must indicate f[illegible] [illegible] obligations and this appointment by completing and signing in Block 11. No signature is nece[illegible] [illegible] different corporation, the person signing must state their position with the corporation. NOTE[illegible]

Block 12. Block 12 contains the last information on [illegible] D. TERRY BRENNAN [illegible] block 12, corrections or additions are to be made in block 13. If there is no change in the info[illegible]

Block 13. Block 13 is for changes or additions to th[illegible] 703 107TH AVE. N. [illegible] and legible. Use the following type symbols on the title line: *P=President; V=Vice President;* [illegible] *If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* A NON-P[illegible] NAPLES, FL 33963 [illegible] WITH THEIR STREET ADDRESSES. THE LETTER "D" or "T" MUST BE PLACED BY THE NAME [illegible] 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuar[illegible] ided. Officers/Directors must list street addresses. If there is no street address, enter the ma[illegible]

Block 14. This report must be signed in Block 14w[illegible] [illegible] Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on a[illegible] [illegible] ceiver, it must be signed by the trustee or receiver. A signature placed on an attachment in [illegible]

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.