FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40631 (6)

1. Corporation Name

PARENTS AS TEACHERS OF COLLIER COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
3710 ESTEY AVENUE NAPLES FL 33942-4457	3710 ESTEY AVENUE NAPLES FL 33942-4457

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0232400 ☐ 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 1295 14th Ave. N.	26 1295 14THAVE, N.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Naples, FL	28 City & State: NAPLES, FL
24 Zip: 33940 25 County: U.S.A.	29 Zip: 33940 30 County: U.S.A.

9. Name and Address of Current Registered Agent

HO, VICTORIA
3174 E TAMIAMI TRAIL
NAPLES,FL 33962

10. Name and Address of New Registered Agent

81 Name: GENE OLLIFF
82 Street Address (P.O. Box Number is Not Acceptable): 3710 ESTEY AVE.
83
84 City: NAPLES FL 85 Zip Code: 33942

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: Gene Olliff President — 3/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D SECRETARY	☒ Change ☐ Addition
NAME	OLLIFF, GENE	12 NAME	SWEINBERG, BARBARA	
STREET ADDRESS	3710 ESTEY AVE.	13 STREET ADDRESS	48 PALOS DR.	
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	NAPLES, FL 33942	
TITLE	SD	21 TITLE	D TREASURER	☒ Change ☐ Addition
NAME	JONES, PHYLLIS	22 NAME	JOE CARRAHER	
STREET ADDRESS	12800 UNIV. DR., #400	23 STREET ADDRESS	710 GOODLETTE RD.N.	
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	NAPLES, FL 33940	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	HO, VICTORIA	32 NAME		
STREET ADDRESS	3174 E TAMIAMI TRAIL	33 STREET ADDRESS		
CITY ST ZIP	NAPLES FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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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)(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.

SIGNATURE: Gene Olliff — GENE OLLIFF — 3/29/95 (813)649-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000017