

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40631 (6)

1. Corporation Name

~~PARENTS AS TEACHERS OF COLLIER COUNTY, FLORIDA, INC.~~
YOUTH DEVELOPMENT FOUNDATION OF
COLLIER COUNTY, INC.

Principal Place of Business

1295 14TH AVE. N.
NAPLES FL 33940

Mailing Address

1295 14TH AVE. N.
NAPLES FL 33940



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2706 S. Horseshoe Dr.		26 2706 S. Horseshoe Dr.		11/01/1990		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0232400		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Naples, FL		28 Naples, FL		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing		5.00 May Be Added to Fees	
24 33942		29 33942		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 USA		30 USA					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OLLIFF, GENE 3710 ESTEY AVE. NAPLES FL 33942				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

Gene Olliff
Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

6/10/96
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SWEINBERG, BARBARA		1.2 NAME	Angela Rose			
STREET ADDRESS	48 PALOS DR.		1.3 STREET ADDRESS	3695 Amberly Cir. # E302			
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP	Naples, FL 33962			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CARRAHER, JOE		2.2 NAME	Bourke Gorman			
STREET ADDRESS	710 GOODLETTE RD. N.		2.3 STREET ADDRESS	2706 S. Horseshoe Dr.			
CITY-ST-ZIP	NAPLES FL 33940		2.4 CITY-ST-ZIP	Naples, FL 33940			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HO, VICTORIA		3.2 NAME	Gene Olliff			
STREET ADDRESS	3174 E TAMiami TRAIL		3.3 STREET ADDRESS	3710 Estey Ave.			
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL 33942			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene Olliff
6/10/96 941-426-6481
Date Daytime Phone #

CR2E037 (3/96)