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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N95000004455 (0)

1. Corporation Name
NAPLES ART ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~870 5TH AVENUE N~~ 643 5th Ave. So.	~~870 5TH AVENUE N~~ 643 5th Ave. So.
NAPLES FL ~~33940~~ 34102	NAPLES FL 34102-5817

3. Date Incorporated or Qualified: 07/25/1995
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business (21)
NAPLES ART ASSOCIATION, INC.
Suite, Apt. (22)
643 5TH AVE. SOUTH
City & State (23)
NAPLES, FL 34102
(941) 262-6517
Zip (24) Country (25)

2a. Mailing Address (26)
NAPLES ART ASSOCIATION, INC.
Suite, (27)
643 5TH AVE. SOUTH
City & State (28)
NAPLES, FL 34102
(941) 262-6517
Zip (29) Country (30)

4. FEI Number: 59-1022882 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALE, JAMES L
~~870 5TH AVENUE N~~ 643 5th Ave So.
NAPLES FL ~~33940~~ 34102

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	YOUNG, BETTE		1.2 NAME	Elaine Vreenegoor	
STREET ADDRESS	6760 PELICAN BAY BLVD #334		1.3 STREET ADDRESS	3960 Lakemont Dr.	
CITY-ST-ZIP	NAPLES FL 33963		1.4 CITY-ST-ZIP	Bonita Springs, FL 33923	
TITLE	VD	☐ DELETE	2.1 TITLE	Allan Jackson	☐ Change ☒ Addition
NAME	VREENEGOOR, ELAINE		2.2 NAME	242 Bayan Blvd.	
STREET ADDRESS	3960 LAKEMONT DR		2.3 STREET ADDRESS	Naples, FL 34102	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		2.4 CITY-ST-ZIP	Vice President	
TITLE	VD	☒ DELETE	3.1 TITLE	Jeannette Kessler	☐ Change ☒ Addition
NAME	BARRICK, WM		3.2 NAME	415 10th Ave. South	
STREET ADDRESS	4401 GULF SHORE BLVD #705		3.3 STREET ADDRESS	Naples FL 34103	
CITY-ST-ZIP	NAPLES FL 33940		3.4 CITY-ST-ZIP	Vice President	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, MARILYN		4.2 NAME		
STREET ADDRESS	2325 HIDDEN LAKE DR #6		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CROUCH, LORY		5.2 NAME		
STREET ADDRESS	3135 RIVIERA DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		D. Change A
NAME	HALE, JAMES L		6.2 NAME		Pc
STREET ADDRESS	5796 WOODMERE LAKE CIR		6.3 STREET ADDRESS		Tal
CITY-ST-ZIP	NAPLES FL 33962		6.4 CITY-ST-ZIP		Pho

CR2E037 (9/96)

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 fur the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effec 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; appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Naples Art Association, Inc. By: James L. Hale, Vice President 1/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date