

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40631 (6)

1. Corporation Name

YOUTH DEVELOPMENT FOUNDATION OF COLLIER COUNTY,
INC.

Principal Place of Business

Mailing Address

2706 S HORSHOE DR.
NAPLES FL 339422706 S HORSHOE DR.
NAPLES FL 339423. Date Incorporated or Qualified
11/01/19903a. Date of Last Report
07/26/1996

4. FEI Number

65-0232400

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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

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

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 ST ☒ DELETE
NAME ROSE, ANGELA
STREET ADDRESS 3695 AMBERLY CIR. #E302
CITY-ST-ZIP NAPLES FL 339621.1 TITLE ST ☐ Change ☒ Addition
1.2 NAME PATRICIA McClimans
1.3 STREET ADDRESS 6180 Cypress Hollow Way
1.4 CITY-ST-ZIP Naples, FL 34109TITLE TD ☒ DELETE
NAME GORMAN, BOURKE
STREET ADDRESS 2706 S HORSHOE DR.
CITY-ST-ZIP NAPLES FL 339422.1 TITLE TP ☐ Change ☒ Addition
2.2 NAME C.E. Dekko Jr.
2.3 STREET ADDRESS 7261 Tilden Ln.
2.4 CITY-ST-ZIP Naples, FL 34108TITLE TP ☐ DELETE
NAME OLLIFF, GENE
STREET ADDRESS 3710 ESTEY AVE.
CITY-ST-ZIP NAPLES FL 339423.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97 941-643-0578 x310

CR2E037 (9/96)