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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N40631

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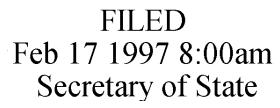
YOUTH DEVELOPMENT FOUNDATION OF COLLIER COUNTY, INC.

2706 S HORSHOE DR.

Principal Place of Business

Mailing Address

2706 S HORSHOE DR. NAPLES FL 33942





NAPLES FL 33942		NAPLES FL 33942										
						3.	Date Inco	rporated or Q 01/1990	ualified 3a. D	07/26	ast Rep 3/199	ort 6
2. Principal Pla	ce of Business	2a. Mailing Address				4.	FEI Numb		·		Appl	ied For
21		26					65-0232400				Not /	Applicable
Suite, Apt. #	, elc.	Suite, Apt. #, etc.				5.	Certificate	of Status Des	sired 🗡		75 Ad e Requ	ditional uired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be						
23		28						d Contribution			ded to	
Zip	Country	Zip	L Co	untry		8.	This corp	oration has lial	bility for intangible	e tex und	ler s. 1	99.032,
24	25	29	30				Florida St	atutes	🔲 Yes	23 /No		
	9. Name and Address of Currer	it Registered Agent		ļ.,,		10.	Name an	d Address of	New Registered	Agent		
				81	Name							
OLLIFF, (SENE		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)						
3710 EST			<u> </u>									
Naples (FL 33942			83	!							
				84	City		· · · · · · · · · · · · · · · · · · ·	*************************************		85	Zip Co	de
					-				Fl	_ ' '	,	
office or rec agent. I am	the provisions of Sections 617.050 gistered agent, or both, in the State familiar with, and accept the oblig	of Florida, Such change wa ations of, Section 617,0503, I	tutes, the a s authorize Florida Sta	ibove id by itutes	i-named c the corpo i.	orporation oration's b	n submits to eard of di	inis statement rectors. I herei	for the purpose of by accept the ap	of changi pointmer	ng its r it as re	egistered gistered
SIGNATURE	Ignature, typed or printed name of registered age	ot and title if ennicable (b)	OTE: Registere	od Ann	nt almost vo sv	outrad when	aniantation)	···	DATE			
12.	OFFICERS AN		13.	o Age	ni signatura ra			S/CHANGES T	O OFFICERS AN	D DIBEC	PACT	IN 12
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CITY-ST-ZIP	NAPLES FL 33962			ITY-S		Mar	Voe	G	34109	/	,	
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STREET ADDRESS	2706 S HORSHOE DR.				ADDRESS	726	1 7	ilden	Ln.			
CITY-ST-ZIP	NAPLES FL 33942			CITY-S		No	Alec		34108			
TITLE	TP	DELETE	3.1 7		1-245	754	U/ES	, , , , , , , , , , , , , , , , , , , ,	37700	☐ Cha	nne	Addition
NAME	OLUFF, GENE		3.2 N								.go t	
STREET ADDRESS	3710 ESTEY AVE.	v			ADDRESS							
CITY - ST - ZIP	NAPLES FL 33942		1	CITY-S								
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4. 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 chapted, or on an attachment with an address.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97 941-643-0518 x311