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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004455**

1. Corporation Name
NAPLES ART ASSOCIATION, INC.

Principal Place of Business	Mailing Address
NAPLES ART ASSOCIATION, INC. ~~649 5TH AVE. S~~ 585 Park St, NAPLES FL 34102 US	NAPLES ART ASSOCIATION, INC. ~~649 5TH AVE. S~~ 585 Park St. NAPLES FL 34102 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 585 Park St.	26 585 Park St.	07/25/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1022882 ☐ Applied For ☐ Not Applicable
City & State 23 Naples, Fl.	City & State 28 Naples, Fl.	5. Certifcate of Status Desired XX ☐ **$8.75** Additional Fee Required
Zip 24 34104 Country 25 Collier	Zip 29 34104 Country 30 Collier	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALE, JAMES L ~~649 5TH AVE S~~ 585 Park St. NAPLES FL 34102	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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ELAINE VREEHEGOOR		1.2 NAME		
STREET ADDRESS	3960 LAKEMONT DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	~~VP~~	XX DELETE	2.1 TITLE	V.P. William B. Daivs	☐ Change XX Addition
NAME	~~ALLEN JACKSON~~		2.2 NAME	530 5th Ave. South	
STREET ADDRESS	~~242 BALYAU BLVD~~		2.3 STREET ADDRESS	Naples, Fl. 34102	
CITY-ST-ZIP	~~NAPLES FL~~		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JEAUNETTE KESSLER		3.2 NAME		
STREET ADDRESS	415 10TH AVE S		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
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		☐ Change ☐ Addition
NAME	HALE, JAMES L		6.2 NAME		
STREET ADDRESS	5796 WOODMERE LAKE CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: James L. Hale SIGNATURE REQUIRED Comptroller Jan. 4, 1999 941-262-6517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)