FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

"APPROVED" AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **703230** **(3)**

1. Corporation Name

NAPLES AREA CHAMBER OF COMMERCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3620 N TAMIAMI TRAIL NAPLES FL 33940-0799	3620 N TAMIAMI TRAIL NAPLES FL 33940-0799

3. Date Incorporated or Qualified: **11/21/1961**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-0688292** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. 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 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / County 24 / 25 USA	Zip / County 29 / 30 USA

9. Name and Address of Current Registered Agent

COLEMAN, J MICHAEL
3174 TAMIAMI TR E
NAPLES FL 33962

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	CARDILLO, JOHN P.	12 NAME	
STREET ADDRESS	395 RIDGE DR	13 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	HIGHMARK, DAVID A.	22 NAME	
STREET ADDRESS	600 RIDGE DR	23 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	
TITLE	EDCE	31 TITLE	☐ Change ☐ Addition
NAME	FISH, ALLON R.	32 NAME	
STREET ADDRESS	1895 TIMBERLINE DR	33 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	34 CITY ST ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	CANDITO, JOSEPH P.	42 NAME	
STREET ADDRESS	2540 11TH CIRCLE	43 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	44 CITY ST ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	GARRETT, DONALD F.	52 NAME	
STREET ADDRESS	821 BUTTONBUSH LN	53 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	54 CITY ST ZIP	
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	PEACOCK, ROBERT V.	62 NAME	
STREET ADDRESS	2149 PINESWOODS CIRCLE	63 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	64 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)(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 added in connection with an address.

SIGNATURE: _____ ALLON R. FISH, CEO 04/20/95 262-6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone)

001A03