

FILE NOW: FILING FEE IS \$61.25

FILED
Oct 14 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 703230 (3)
1. Corporation Name
NAPLES AREA CHAMBER OF COMMERCE, INC.

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|---|---|
| Principal Place of Business 3620 N TAMiami TRAIL NAPLES FL 33940-0799 | Mailing Address 3620 N TAMiami TRAIL NAPLES FL 33940-0799 |
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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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9. Name and Address of Current Registered Agent
**KELLER, JUDY
3620 N. TAMiami TRAIL
NAPLES FL 34103**

| | | |
|--|--|---|
| 3. Date Incorporated or Qualified 11/21/1961 | 4. FEI Number 59-0688292 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

10. Name and Address of New Registered Agent
81 Name **Krier, Elinor V.**
82 Street Address, (P.O. Box Number is Not Acceptable)
3620 N. Tamiami Trail
83
84 City **Naples** FL 85 Zip Code **34103**

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 **Elinor V. Krier, Interim President** **Elinor V. Krier** **9-21-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|--------------------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | GARRETT, DONALD F | |
| STREET ADDRESS | 4933 N. TAMiami TR., STE. 300 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | OV | <input checked="" type="checkbox"/> DELETE |
| NAME | ANDERSON, KIM | |
| STREET ADDRESS | 4089 TAMiami TR., STE. A203 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | OV | <input checked="" type="checkbox"/> DELETE |
| NAME | BOYD, KIM | |
| STREET ADDRESS | 975 SIXTH AVE. SO., STE. 104 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | OV | <input checked="" type="checkbox"/> DELETE |
| NAME | CAMERON, SMITH | |
| STREET ADDRESS | 1250 TAMiami TR. NO. | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | DM | <input checked="" type="checkbox"/> DELETE |
| NAME | KELLER, JUDY | |
| STREET ADDRESS | 3620 N. TAMiami TR. | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | OT | <input checked="" type="checkbox"/> DELETE |
| NAME | HONEYCUTT, SUKIE | |
| STREET ADDRESS | 1300 THIRD ST. SO. | |
| CITY-ST-ZIP | NAPLES FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|-------------------------------|--|
| 1.1 TITLE | C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | C. Carleton Case | |
| 1.3 STREET ADDRESS | 955 Tenth Ave. No. | |
| 1.4 CITY-ST-ZIP | Naples, FL 34101-3013 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Michael A. Coleman | |
| 2.3 STREET ADDRESS | 365 Fifth Ave. So. | |
| 2.4 CITY-ST-ZIP | Naples, FL 34102 | |
| 3.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | David A. Weston | |
| 3.3 STREET ADDRESS | 3106 So Horseshoe Dr. | |
| 3.4 CITY-ST-ZIP | Naples, FL 34104 | |
| 4.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Terri L. Douglas | |
| 4.3 STREET ADDRESS | 4500 Exchange Ave. | |
| 4.4 CITY-ST-ZIP | Naples, FL 34104 | |
| 5.1 TITLE | D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Robert V. Peacock | |
| 5.3 STREET ADDRESS | 999 Ninth St. So. #109 | |
| 5.4 CITY-ST-ZIP | Naples, FL 34102-8200 | |
| 6.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Elinor V. Krier | |
| 6.3 STREET ADDRESS | 3620 N. Tamiami Trail | |
| 6.4 CITY-ST-ZIP | Naples, FL 34103 | |

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.

SIGNATURE: **Elinor V. Krier** **9/21/98** **941-362-6876**

CR2E037 (10/97)