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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:05

DOCUMENT # **703767** **(4)**

1. Corporation Name
GREATER NAPLES CIVIC ASSOCIATION

Principal Place of Business	Mailing Address
~~801 FOURTH AVE. SOUTH~~ NAPLES FL 33940	378 GOODLETTE RD SO NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1962
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-1002722 ☐ 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. 22 378 GOODLETTE ROAD S.	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ESTES, BRAD
~~87 E GOODLETTE RD E~~
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 378 GOODLETTE ROAD S.
83: 378 Goodlette Road South
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 _____ 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	~~PD~~	11 TITLE	PD	☒ Change ☐ Addition
NAME	SIEGEL, RICHARD L.	12 NAME	YOUNG, BERNON	
STREET ADDRESS	288 16TH AVE. SO.	13 STREET ADDRESS	6760PELICAN BAY BLVD. # 334	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	NAPLES, FL 33963	
TITLE	~~VD~~	21 TITLE	EVP/D	☒ Change ☐ Addition
NAME	ANDERSON, HERB	22 NAME	COOMES, FRANCIS J.	
STREET ADDRESS	510 BROAD AVE SO	23 STREET ADDRESS	152 BEARS PAW	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	~~VD~~	31 TITLE	VP/D	☒ Change ☐ Addition
NAME	NICHOLS, LEE	32 NAME	BAKER, RICHARD	
STREET ADDRESS	6781 BOTTLEBRUSH LN	33 STREET ADDRESS	2330 KINGFISH ROAD	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	NAPLES, FL 33962	
TITLE	STD	41 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, TOM	42 NAME		
STREET ADDRESS	715 SO 10 STR	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(k), 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: TOM TAYLOR, DIRECTOR 6/13/95 (813)262-4617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016906