


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703767** (4)

1. Corporation Name

GREATER NAPLES CIVIC ASSOCIATION

Principal Place of Business 378 GOODLETTE ROAD S NAPLES FL 33940 34102 US	Mailing Address 378 GOODLETTE RD SO NAPLES FL 33940 34102 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34102 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34102 Country		3. Date Incorporated or Qualified 03/22/1962		3a. Date of Last Report 07/08/1996	
				4. FEI Number 59-1002722		Applied For 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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ROGERS, FRED 378 GOODLETTE RD SOUTH NAPLES FL 33940				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			
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COOMERS, FRANCIS			1.2 NAME	JAMES RIDGOUTTE		
STREET ADDRESS	152 BEARDS PAN			1.3 STREET ADDRESS	1125 WILDWOOD LANE		
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP	NAPLES FL 34105		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBERTS, DOLLY			2.2 NAME	FRANCIS J. COOMERS		
STREET ADDRESS	382 BREAD AVE S			2.3 STREET ADDRESS	152 BEARDS PAN TR.		
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP	NAPLES FL 34105		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, TOM			3.2 NAME			
STREET ADDRESS	715 10TH ST SO			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUTINELLA, JOE			4.2 NAME			
STREET ADDRESS	1031 WILDWOOD LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			4.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYANT, PENNY			5.2 NAME			
STREET ADDRESS	3033 RIVERA DRIVE 103			5.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			5.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAWSON, JEAN			6.2 NAME			
STREET ADDRESS	1250 TAMiami TRAIL N 302			6.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			6.4 CITY-ST-ZIP			

14. 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 changed, or as an attachment with an address.

SIGNATURE:  SIGNATURE REQUIRED

7/23/97

CR2E037 (4/97)