

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **713439** (8)

1. Corporation Name
THE COLLIER FOUNDATION, INC.



Principal Place of Business	Mailing Address
3001 NORTH TAMIMI TRAIL STE 207 NAPLES FL 33940 US	3001 NORTH TAMIMI TRAIL STE 207 NAPLES FL 33940 US

3. Date Incorporated or Qualified 10/10/1967	3a. Date of Last Report 04/24/1995
4. FEI Number 59-0163703	Applied For <input 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. 25.	29. 30.

9. Name and Address of Current Registered Agent
**BRADLEY, RICHARD C.
3001 TAMIMI TRAIL NORTH RM 207
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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	COLLIER, MILES C
STREET ADDRESS	3001 NORTH TAMIMI TRAIL, STE 207
CITY-ST-ZIP	NAPLES FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	READ, ISABEL COLLIER
STREET ADDRESS	3001 NORTH TAMIMI TRAIL, STE 207
CITY-ST-ZIP	NAPLES FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	COLLIER, BARRON G., II
STREET ADDRESS	3001 NORTH TAMIMI TRAIL, STE 207
CITY-ST-ZIP	NAPLES FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	BRADLEY, RICHARD C.
STREET ADDRESS	3001 NORTH TAMIMI TRAIL, STE 207
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	400001798254
53 STREET ADDRESS	-04/29/96--01035--018
54 CITY-ST-ZIP	***61.25
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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, changed, or on an attachment with an address.

SIGNATURE: *Richard C. Bradley* Date: **4-18-96** Daytime Phone #: **941-435-1122**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Richard C. Bradley, Sec. Treas.**

CR2E037 (12/95)