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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713439

1. Corporation Name

THE COLLIER FOUNDATION, INC.

Principal Place of Business

3001 NORTH TAMIMI TRAIL
STE 207
NAPLES FL 34103
US

Mailing Address

3001 NORTH TAMIMI TRAIL
STE 207
NAPLES FL 34103
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

10/10/1967

4. FEI Number

59-0163703

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

9. Name and Address of Current Registered Agent

TEGMEYER, SUSETTE L.
2001 TAMIMI TRAIL NORTH STE 207
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name Joseph I. Perkovich

82 Street Address (P.O. Box Number is Not Acceptable)
3001 Tamiami Trail, N Suite 207

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

Joseph I. Perkovich

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

(NOTE: Registered Agent signature required when reinstating)

4/1/99
DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD DELETE
NAME COLLIER, MILES C
STREET ADDRESS 3001 NORTH TAMIMI TRAIL, STE 207
CITY-ST-ZIP NAPLES FL

TITLE PD DELETE
NAME READ, ISABEL COLLIER
STREET ADDRESS 3001 NORTH TAMIMI TRAIL, STE 207
CITY-ST-ZIP NAPLES FL

TITLE DV DELETE
NAME COLLIER, BARRON G., II
STREET ADDRESS 3001 NORTH TAMIMI TRAIL, STE 207
CITY-ST-ZIP NAPLES FL

TITLE T DELETE
NAME TEGMEYER, SUSETTE L.
STREET ADDRESS 3001 NORTH TAMIMI TRAIL NORTH, STE 207
CITY-ST-ZIP NAPLES FL

TITLE S DELETE
NAME PERKOVICH, JOSEPH I
STREET ADDRESS 3001 TAMIMI TRAIL N #207
CITY-ST-ZIP NAPLES FL 34103

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS 3001 Tamiami Trail N #207
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Isabel Collier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99
Date

941-435-1122
Daytime Phone #

CR2E037 (1/98)

0062573