

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **728662** (8)

1. Corporation Name

THE LAURENTIANS OF NAPLES, INC.

Principal Place of Business

Mailing Address

1285 GULF SHORE BLVD NO.
NAPLES FL 33940

1285 GULF SHORE BLVD NO.
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/29/1974	3a. Date of Last Report 04/19/1994
4. FEI Number 59-1606462	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under 5-199-032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**DOHL, PAUL R.
1285 GULF SHORE BLVD N
APT 7B
NAPLES FL 33940**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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

Signature of registered agent (print name of registered agent and title) Signature of registered agent (print name and title after mandatory) DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	SORENSON, EDMUND M
STREET ADDRESS	1285 GULF SHORE BLVD, N
CITY, ST, ZIP	NAPLES FL
TITLE	TD
NAME	DOHL, PAUL R.
STREET ADDRESS	1285 GULF SHORE BLVD N
CITY, ST, ZIP	NAPLES FL
TITLE	DVP
NAME	WATSON, STEPHEN H. GAUGHEN, FRANK X
STREET ADDRESS	1285 GULF SHORE BLVD, N
CITY, ST, ZIP	NAPLES FL
TITLE	D S
NAME	KERRIGAN, JAMES J.
STREET ADDRESS	1285 GULF SHORE BLVD, N
CITY, ST, ZIP	NAPLES FL
TITLE	DO
NAME	PUTZELL, DOROTHY M
STREET ADDRESS	1285 GULF SHORE BLVD N
CITY, ST, ZIP	NAPLES FL
TITLE	DP
NAME	BEAN, RUTH L
STREET ADDRESS	1285 GULF SHORE BLVD N
CITY, ST, ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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: *Paul R. Dohl* P.R. DOHL, TREAS. 4-27-95 (813) 262-1606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR