

# 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 # 728662 (8)**

1. Corporation Name  
**THE LAURENTIANS OF NAPLES, INC.**



Principal Place of Business: **1285 GULF SHORE BLVD NO. NAPLES FL 33940**  
Mailing Address: **1285 GULF SHORE BLVD NO. NAPLES FL 33940**

3. Date Incorporated or Qualified: **01/29/1974**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-1606462</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
<b>FL</b>	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

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	DVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, EDMUND M	1.2 NAME	
STREET ADDRESS	1285 GULF SHORE BLVD, N	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHL, PAUL R.	2.2 NAME	
STREET ADDRESS	1285 GULF SHORE BLVD N	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUGHEN, FRANK X	3.2 NAME	
STREET ADDRESS	1285 GULF SHORE BLVD, N	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRIGAN, JMAES J	4.2 NAME	
STREET ADDRESS	1285 GULF SHORE BLVD, N	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTZELL, DOROTHY M	5.2 NAME	
STREET ADDRESS	1285 GULF SHORE BLVD N	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAN, RUTH L	6.2 NAME	
STREET ADDRESS	1285 GULF SHORE BLVD N	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 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:

*P.R. Dohl*

**P.R. Dohl Treas.**

**4-8-96**

**941 222-3416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)