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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34102-4911

3. Date Incorporated or Qualified: 01/29/1974
3a. Date of Last Report: 04/18/1996

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

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 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 | FL | 85 |

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 re-appointing) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|------------------|
| TITLE | DVP | 1.1 TITLE | D |
| NAME | SOENSON, 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 | |
| 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 | DVP |
| NAME | CRUGHEN, FRANK X | 3.2 NAME | GERALD GRANT, JR |
| 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 | D P |
| NAME | KERRIGAN, JAMES J | 4.2 NAME | JAMES |
| 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 | DS |
| NAME | PUTZELL, DOROTHY M | 5.2 NAME | PUTZELL, EDWIN J |
| 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 | D |
| NAME | BEAN, RUTH L | 6.2 NAME | MARGARET PASTRYK |
| 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 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.

SIGNATURE:  PAUL R. DOHL, TREAS. 3-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068612

CR2E037 (9/96)