## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 728662

1. Corporation Name

THE LAURENTIANS OF NAPLES, INC.

Principal Place of Business

Mailing Address

1285 GULF SHORE BLVD NO. NAPLES FL 22940 34/02

1285 GULF SHORE BLVD NO. NAPLES FL <del>22840-</del> 3 4 6 2-

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90055 035 \*\*\*\*61.25

\* 94227 · 90055 · 35 7 \*



ı						}					
2. Principal P	lace of Business	2a. Mailing Address				3.	3. Date Incorporated or Qualifed 01/29/1974				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4.	FEI Number		Ap	olied For	
22		27					59-1606462		No	t Applicable	
City & Stat	e	City & State				5.	Certifcate of Status Desired	□	\$8.75 A		
23	28							Fee Re	quired		
Zip 24 34/	Country	Zip 3 4262	30	Country		6.	Election Campaign Financing Trust Fund Contribution	, D	<b>\$5.00</b> Added t	· .	
9. Name and Address of Current Registered Agent						10.	Name and Address of New	Registered	Agent		
					Name						
DOHL, PAUL R.					82 Street Address (P.O. Box Number is Not Acceptable)						
1285 GULF SHORE BLVD N				\ \frac{\sigma_{\sigma}}{\sigma}	on our radicas (i o. box rambor to not recognized)						
APT 7B				83					<del></del>		
NAPLES FL 33940 3 4102				84	City				85 Zip (	orde.	
								FL	,   '   '		
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	: Reg	gistered Agen	it signature r	required when I		DATE			
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO C	FFICERS AN			
TITLE	D	DELETE		1.1 TITLE	-				Change	Addition	
NAME	THIELE, STANLEY		1.2 N		1					ì	
STREET ADDRESS			1.3 STREET	ADDRESS	]						
CITY-ST-ZIP	NAPLES FL	·		1.4 CITY-S	T-ZIP						
TITLE	D	DELETE		2.1 TYTLE		DV	P		Change	Addition	
NAME	DOHL, PAUL R.			22 NAME		]	•			j	
STREET ADDRESS	DRESS 1285 GULF SHORE BLVD N 235		2.3 STREET	ADORESS	}	~					
CITY-ST-ZIP			2.4 CITY-5	T-ZIP	<u> </u>						
TITLE	DT	☐ DELETE		3.1 TITLE	- ;				Change	Addition	
NAME	GRANT, GERALD J 32N		3.2 NAME	ļ	1				1		
STREET ADDRESS	I was also assessed as a		3.3 STREET	ADDRESS.	ļ				}		
CITY-ST-ZIP	NAPLES FL	FL 3.4.		3.4. CITY-5	T-ZIP						
TITLE	DP	☐ DELETE		4.1 TITLE			•		Change	Addition (	
NAME	KERRIGAN, JAMES J			4. 2 NAME		}					
STREET ADDRESS	. = <u> </u>		4.3 STREE		ADDRESS	ļ					
CITY-ST-ZIP	NAPLES FL			4.4 CîTY-S	T-ZIP						
TITLE	DS	☐ DELETE		5.1 TITLE		}			Change	☐ Addition	
NAME	PUTZELL, EDWIN J			5.2 NAME		-					
STREET ADDRESS	1285 GULF SHORE BLVD N			5.3 STREE	TADDRESS	1		e e		}	
CITY-ST-ZIP	NAPLES FL			5.4 CITY-S	T-ZIP	<u> </u>				<u></u>	
TULE "	D	☐ DELETE		6.1 TITLE			, , ,		Change	Addition	
NAME	ABERCAMBRE, RAHELS		6.2 NAME	2NAME A		rcrombie, Rac	heL		}		
STREET ADDRESS	l		-	6.3 STREE	TADORESS	1				,	
CITY-ST-ZIP	NAPLES FL			6.4 CITY-S	T-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:

CONDIATE PRECISED President

11/29