

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:45

DOCUMENT # **730466** (O)
1. Corporation Name
COLLIER COUNTY COUNCIL ON AGING, INC.

Principal Place of Business Mailing Address
P O BOX 2963 NAPLES FL 33909 US **P O BOX 2963 NAPLES FL 33909 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/13/1974** 3a. Date of Last Report **05/20/1994**
4. FEI Number **23-7404941** Applied For Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 119.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RON HOGUE, ESQ.
1020 8TH AVE. SOUTH
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARLE, DR JACKE	12 NAME	KARLE, DR. JACKE
STREET ADDRESS	103 WILDERNESS DR	13 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	14 CITY - ST - ZIP	33942
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, DICK	22 NAME	
STREET ADDRESS	1312 CHESAPEAKE AVE 3-4	23 STREET ADDRESS	1312 CHESAPEAKE AVE B-4
CITY - ST - ZIP	NAPLES FL	24 CITY - ST - ZIP	33962
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIGERWALD, KAY	32 NAME	
STREET ADDRESS	13093 CASTLE HARBOUR DR	33 STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 00000	34 CITY - ST - ZIP	33942
TITLE	TD	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIALA, DONNA	42 NAME	STAVER, LYNNE
STREET ADDRESS	851 5TH AVE N / ST E- 301	43 STREET ADDRESS	1000 LELY PALMS DR.
CITY - ST - ZIP	NAPLES, FL 00000	44 CITY - ST - ZIP	NAPLES, FL. 33962
TITLE	VD	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUFF, JUDY	52 NAME	
STREET ADDRESS	2301 C R 951 UNIT C	53 STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 0	54 CITY - ST - ZIP	33999
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: Kay Steigerwald **KAY STEIGERWALD** 4/22/95 **813592-6562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #