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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 FEB 13 PM 1:35

DOCUMENT # 747212 (9)

1. Corporation Name
COLLIER COUNTY VETERANS COUNCIL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 856 3RD AVE S POB 763<br>NAPLES FL 33939 | 856 3RD AVE S POB 763<br>NAPLES FL 33939 |
| C/O KENDAL YOUNG | C/O KENDAL YOUNG |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1979
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2153999 ☑ Applied For ☐ Not Applicable
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. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4425-18TH PLACE S.W | 25 4425-18TH PLACE S.W. |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: NAPLES, FLORIDA | 28 City & State: NAPLES, FLORIDA |
| 24 Zip: 33999 5919 25 Country: COLLIER | 29 Zip: 33999-5919 30 Country: COLLIER |

9. Name and Address of Current Registered Agent

VOGEL, RUBEN F
327 IVY WOOD LN
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name: RAY TRUELOVE
82 Street Address (P.O. Box Number is Not Acceptable): 2984 – 55TH TERRACE S.W.
83
84 City: NAPLES FL 85 Zip Code: 33999

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: Ray Truelove, Chairman — DATE: 2-7-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | C | 1.1 TITLE | C | ☒ Change ☐ Addition |
| NAME | VOGEL, RUBEN F | 1.2 NAME | RAY TRUELOVE | |
| STREET ADDRESS | 327 IVY WOOD LN | 1.3 STREET ADDRESS | 2984 - 55TH TERRACE AVE | |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | NAPLES, FLORIDA 33999 | |
| TITLE | VCD | 2.1 TITLE | VCD | ☒ Change ☐ Addition |
| NAME | GRAZOLI, ERNIE | 2.2 NAME | JAMES O. FLATHERS | |
| STREET ADDRESS | 4470-19TH AVENUE S.W. | 2.3 STREET ADDRESS | 4371-27TH CT. S.W. #103 | |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | NAPLES, FLORIDA 33999 | |
| TITLE | TD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | YOUNG, KENDAL W | 3.2 NAME | NO CHANGE | |
| STREET ADDRESS | 4425 18TH PL SW | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | 33999-5919 | |
| TITLE | SD | 4.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | SNEED, EDWIN M JR. | 4.2 NAME | DENISE J. RAMIER | |
| STREET ADDRESS | 5015 2ND AVE SW | 4.3 STREET ADDRESS | 2611 CITRUS LAKE DR #206 | |
| CITY-ST-ZIP | NAPLES FL | 4.4 CITY-ST-ZIP | NAPLES, FLORIDA 33942 | |
| TITLE | SGT OF ARMS | 5.1 TITLE | SGT OF ARMS | ☐ Change ☒ Addition |
| NAME | PATRICK KRELLER | 5.2 NAME | PATRICK KELLER | |
| STREET ADDRESS | 699 - 100TH AVE N | 5.3 STREET ADDRESS | 699 - 100TH AVE N. | |
| CITY-ST-ZIP | NAPLES, FLORIDA 33963 | 5.4 CITY-ST-ZIP | NAPLES, FLORIDA 33963 | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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)(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:** Kendal W Young Treasurer — 2-7-95 — 813-455-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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