

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 749650 (8)
1. Corporation Name
NAPLES-COLLIER COUNTY NEIGHBORHOOD WATCH, INC.Principal Place of Business Mailing Address
355 GOODLETTE RD N 355 GOODLETTE RD N
NAPLES FL 33940-5837 NAPLES FL 34102-58373. Date Incorporated or Qualified 11/05/1979 3a. Date of Last Report 05/01/1996
4. FEI Number 59-1954122 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No2. Principal Place of Business 2a. Mailing Address
21 355 Goodlette Rd. N. 26 355 Goodlette Rd. N.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 1/2 Naples City Police 27 1/2 Naples City Police.
City & State City & State
23 Naples FL 28 Naples FL
Zip Zip Country Country
24 34102 25 COLLIER 29 34102 30 COLLIER

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPRIGGS, JOHN C.
6538 ILEX CIRCLE
NAPLES FL 3394281 Name SPRIGGS, JOHN C.
82 Street Address (P.O. Box Number is Not Acceptable) 6538 ILEX CIRCLE
83
84 City NAPLES FL FL 85 Zip Code 34109

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 John C. Spriggs, President + Director 1-11-97
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRIGGS, JOHN C.	1.2 NAME	SPRIGGS, JOHN C.
STREET ADDRESS	6538 ILEX CIRCLE	1.3 STREET ADDRESS	6538 ILEX CIRCLE
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	NAPLES FL 34109
TITLE	VP/D <input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, JACK W.	2.2 NAME	PICKETT, JACK W.
STREET ADDRESS	500 17TH AVE. S.	2.3 STREET ADDRESS	500 17TH AVE S.
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE	T/D <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGH, ANTHONY M.	3.2 NAME	LEIGH, ANTHONY M.
STREET ADDRESS	640 KETCH DR.	3.3 STREET ADDRESS	640 KETCH DR.
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	NAPLES FL 34103
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGH, ELLIE	4.2 NAME	LEIGH, ELLIE
STREET ADDRESS	640 KETCH DR.	4.3 STREET ADDRESS	640 KETCH DR.
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	NAPLES FL 34103
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEIKERT, EARLE R., JR.	5.2 NAME	SWEIKERT, EARLE R. JR
STREET ADDRESS	2116 IMPERIAL CIRCLE	5.3 STREET ADDRESS	2116 IMPERIAL CIRCLE
CITY-ST-ZIP	NAPLES FL 33942-1037	5.4 CITY-ST-ZIP	NAPLES FL 34100
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ALAN R. NEWMAN
STREET ADDRESS		6.3 STREET ADDRESS	639 94TH AVE N.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NAPLES FL 34108

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: ANTHONY M. LEIGH, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-11-97 (941) 262-4144
Date Daytime Phone # 006888

CR2E037 (9/96)