


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 749650 (8)</b>		
1. Corporation Name <b>NAPLES-COLLIER COUNTY NEIGHBORHOOD WATCH, INC.</b>		

Principal Place of Business <b>355 GOODLETTE RD N C/O NAPLES CITY POLICE NAPLES FL 33940-5837 US</b>	Mailing Address <b>355 GOODLETTE RD N C/O NAPLES CITY POLICE NAPLES FL 33940-5837 US</b>
---	---

21. Principal Place of Business <b>355 GOODLETTE RD N C/O NAPLES CITY POLICE NAPLES FL 33940-5837 US</b>	22. Suite, Apt. #, etc.	23. City & State	24. Zip <b>34102</b>	25. Country	26. Mailing Address <b>355 GOODLETTE RD N C/O NAPLES CITY POLICE NAPLES FL 33940-5837 US</b>	27. Suite, Apt. #, etc.	28. City & State	29. Zip <b>34102</b>	30. Country
---	-------------------------	------------------	----------------------	-------------	---	-------------------------	------------------	----------------------	-------------

3. Date Incorporated or Qualified <b>11/05/1979</b>	
4. FEI Number <b>59-1954122</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SPRIGGS, JOHN C. 6538 ILEX CIRCLE NAPLES FL 34109</b>	
---	--

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number Is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

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 DATE 1-09-98

12. OFFICERS AND DIRECTORS	
TITLE	P/D <input type="checkbox"/> DELETE
NAME	<b>SPRIGGS, JOHN C.</b>
STREET ADDRESS	<b>6538 ILEX CIRCLE</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	VP/D <input type="checkbox"/> DELETE
NAME	<b>PICKETT, JACK W.</b>
STREET ADDRESS	<b>500 17TH AVE. S.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	T/D <input type="checkbox"/> DELETE
NAME	<b>LEIGH, ANTHONY M.</b>
STREET ADDRESS	<b>640 KETCH DR.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>LEIGH, ELLIE</b>
STREET ADDRESS	<b>640 KETCH DR.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	VP <input type="checkbox"/> DELETE
NAME	<b>SWEIKERT, EARLE R., JR.</b>
STREET ADDRESS	<b>2116 IMPERIAL CIRCLE</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	VP <input type="checkbox"/> DELETE
NAME	<b>NEWMAN, ALAN R</b>
STREET ADDRESS	<b>639 94TH AVE N</b>
CITY-ST-ZIP	<b>NAPLES FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>34109</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>34102</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>34103</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>34103</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>34110</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>34108</b>

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.

SIGNATURE: Anthony M. Leigh **ANTHONY M. LEIGH, Treas.** DATE 1-09-98 **262-4144**

CR2E037 (10/97)