

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760436 (6)

1. Corporation Name

COLLIER CULTURAL AND EDUCATIONAL CENTER, INC.

Principal Place of Business

Mailing Address

C/O W JAMES SMITH
458 8TH ST S
NAPLES FL 33940

C/O W JAMES SMITH
458 8TH ST S
NAPLES FL 33940



3. Date Incorporated or Qualified
10/15/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2359727

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 ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, W JAMES
458 8TH ST S
NAPLES FL 33940

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 617.0502 and 617.1506, 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE

CTD

NAME

SMITH, W. JAMES

STREET ADDRESS

458 8TH ST S

CITY-ST-ZIP

NAPLES, FL 33940

TITLE

D

☐ DELETE

NAME

JIM MARTIN

STREET ADDRESS

975 SIXTH AVENUE S.

CITY-ST-ZIP

NAPLES, FL 33962

TITLE

VCSD

☐ DELETE

NAME

PFAFF, DAVID N.

STREET ADDRESS

696 16TH AVE S

CITY-ST-ZIP

NAPLES, FL 33999

TITLE

D

☐ DELETE

NAME

TOM BROWN

STREET ADDRESS

2660 AIRPORT ROAD S.

CITY-ST-ZIP

NAPLES FL

TITLE

D

☐ DELETE

NAME

DEBBIE DOSEN

STREET ADDRESS

4033 BELAIR LANE

CITY-ST-ZIP

NAPLES FL

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

D

CITY-ST-ZIP

D

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

941/262-7215

Date

Daytime Phone #

CR2E037 (12/95)