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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

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

Mailing Address

C/O W JAMES SMITH
458 8TH ST S
NAPLES FL 34102-66083. Date Incorporated or Qualified
10/15/19813a. Date of Last Report
02/23/1996

4. FEI Number

59-2359727

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

SMITH, W JAMES
458 8TH ST S
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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CTD ☐ DELETE
NAME SMITH, W. JAMES
STREET ADDRESS 458 8TH ST S
CITY-ST-ZIP NAPLES, FL 33940TITLE D ☐ DELETE
NAME JIM MARTIN
STREET ADDRESS 975 SIXTH AVENUE S.
CITY-ST-ZIP NAPLES, FL 33962TITLE VCSD ☐ DELETE
NAME PFAFF, DAVID N.
STREET ADDRESS 896 18TH AVE S
CITY-ST-ZIP NAPLES, FL 33999TITLE D ☐ DELETE
NAME TOM BROWN
STREET ADDRESS 2660 AIRPORT ROAD S.
CITY-ST-ZIP NAPLES FLTITLE D ☐ DELETE
NAME DEBBIE DOSEN
STREET ADDRESS 4033 BELAIR LANE
CITY-ST-ZIP NAPLES FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP Naples, FL 34101-6608

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Naples, FL 34102

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP Naples, FL 34102

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP Naples, FL 34112

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP Naples, FL 34103

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Chairman

2/5/97 941/262-7215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone # 888-666-6666

CR2E037 (9/96)