

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB -8 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763453 (8)
1. Corporation Name
HANDICAPPED IN ACTION, INC., OF NAPLES, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 9843
NAPLES FL 33941

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NAPLES FL 33941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1982

3a. Date of Last Report

06/30/1994

4. FEI Number

59-2323369

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOLLAREK, ELIZABETH
4099 TAMiami TRAIL NORTH
SUITE 311
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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME ZAUGG, LUCINDA
STREET ADDRESS 340 2ND AVE. N.
CITY- ST- ZIP NAPLES FL 33940

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

PD
ROBERT E. STETKEWICZ
621 SOLL STREET
NAPLES, FL 33999

☐ Change ☐ Addition

TITLE TD
NAME ROUSSEAU, PAUL
STREET ADDRESS 172 REDWOOD LANE
CITY- ST- ZIP NAPLES FL 33962

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

VD
ARTHUR GREN
3948 LUNA CIRCLE C104
NAPLES, FL 33962

☐ Change ☐ Addition

TITLE PD
NAME STETKEWICZ, ROBERT E
STREET ADDRESS 621 SOLL ST.
CITY- ST- ZIP NAPLES FL 33999

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TD
PAUL ROUSSEAU
172 REDWOOD LANE
NAPLES, FL 33962

☐ Change ☐ Addition

TITLE SD
NAME BURD, BILL
STREET ADDRESS 5288 LOOKING GLASS LANE
CITY- ST- ZIP NAPLES FL 33962

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

SD
LUCINDA ZAUGG
340 2ND AVE
NAPLES, FL 33940

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 110.07(3)(A), 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:

Robert E. Stetkewicz
President

1/20/95

Signature/Printed Name

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