

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 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766008 (7)
1. Corporation Name
COLLIER COUNTY YOUNG REPUBLICANS ORGANIZATION, I
NC.

Principal Place of Business Mailing Address
PO BOX 9502 P.O. BOX 9502
NAPLES FL 33941 NAPLES FL 33941
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/07/1982	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2414758	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 (1932) Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

KRAUSE, CHERYL R.
1100 FIFTH AVE S, SUITE 201
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	President ☒ Change ☐ Addition
NAME	HOLLOMAN, HARRY H	12 NAME	Kraus, Cheryl
STREET ADDRESS	166 PINEHURST CIR	13 STREET ADDRESS	1100 5th Ave S, Suite 201
CITY - ST - ZIP	NAPLES FL	14 CITY - ST - ZIP	Naples FL 33942
TITLE		21 TITLE	☐ Change ☐ Addition
NAME	HOLLOWMAN, MARILYN B	22 NAME	Holloman, Marilyn
STREET ADDRESS	166 PINEHURST CIR	23 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	Past President ☒ Change ☐ Addition
NAME	KRAUSE, CHERYL	32 NAME	Holloman, Harry
STREET ADDRESS	1100 FIFTH AVE S, STE 201	33 STREET ADDRESS	166 Pinehurst Circle
CITY - ST - ZIP	NAPLES FL	34 CITY - ST - ZIP	Naples FL 33942
TITLE		41 TITLE	Vice President ☒ Change ☐ Addition
NAME	BRACK, HOPE	42 NAME	Burns Burton
STREET ADDRESS	P.O. BOX 7546 N/A	43 STREET ADDRESS	605 Palm Creek E.
CITY - ST - ZIP	NAPLES FL 33941	44 CITY - ST - ZIP	Naples FL 33940
TITLE		51 TITLE	☐ Change ☐ Addition
NAME	KATZ, TODD	52 NAME	
STREET ADDRESS	1170 29TH AVENUE N.	53 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33940	54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME	LEPORE, SCOTT	62 NAME	
STREET ADDRESS	6750 BUCKINGHAM CT.	63 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33942	64 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 110.07(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: *Marilyn B. Holloman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Marilyn B. Holloman

Date

Explain Item 8

4/30/95 (813) 774-5109