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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
PO BOX 9502 NAPLES FL 34101 US
PO BOX 9502 NAPLES FL 34101-9502 US

3. Date Incorporated or Qualified 12/07/1982
3a. Date of Last Report 11/04/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2414758	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Zip Country	29. Zip Country	30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KRAUSE, CHERYL R 1100 FIFTH AVE S, SUITE 201 NAPLES FL 34102		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	PP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, CHERYL	1.2 NAME	
STREET ADDRESS	1100 5TH AVENUE S, SUITE 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, ANDY	2.2 NAME	JOHN C. VALENTI
STREET ADDRESS	350 5TH AVE. S. #210	2.3 STREET ADDRESS	1929 IMPERIAL GOLF COURSE BLVD
CITY-ST-ZIP	NAPLES FL 34102	2.4 CITY-ST-ZIP	NAPLES FL 34110
TITLE	PP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLOWAY, HARRY	3.2 NAME	DONNA MORIN
STREET ADDRESS	188 PINEHURST CIRCLE	3.3 STREET ADDRESS	856 99TH AVE. N
CITY-ST-ZIP	NAPLES FL 34110	3.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTON, BERNE	4.2 NAME	KEITH JENNINGS
STREET ADDRESS	2958 POPLAR AVE	4.3 STREET ADDRESS	104 MAHOGANY DR
CITY-ST-ZIP	NAPLES FL 34112	4.4 CITY-ST-ZIP	NAPLES FL 34108
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES III, PALLNER	5.2 NAME	DAPHNE BERCHER
STREET ADDRESS	1579 ROYAL PALM DR.	5.3 STREET ADDRESS	3800 ESTERO BLVD W.
CITY-ST-ZIP	NAPLES FL 34109	5.4 CITY-ST-ZIP	NAPLES FL 34112
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	SIKORSKI, PAMELA	6.2 NAME	
STREET ADDRESS	813 PINESIDE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	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 in an attachment with an address.

SIGNATURE: _____ DATE: 4/23/97 (941) 434-9724

CR2E037 (9/96)