

FILE NOW: FILING FEE IS \$61.25

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

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
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2. Principal Place of Business	2a. Mailing Address
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	25 Country	29 Zip	30 Country
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4. FEI Number 59-2414758	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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

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	PO	<input type="checkbox"/> DELETE
NAME	KRAUSE, CHERYL	
STREET ADDRESS	1100 5TH AVENUE S, SUITE 201	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HILL, ANDY	
STREET ADDRESS	350 5TH AVE. S. #210	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	HOLLOMAN, HARRY	
STREET ADDRESS	188 PINEHURST CIRCLE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARTON, BERNIE	
STREET ADDRESS	2958 POPLAR AVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JONES III, FALLUNER	
STREET ADDRESS	1579 ROYAL PALM DR.	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SIKORSKI, PAMELA	
STREET ADDRESS	813 PINESIDE LANE	
CITY-ST-ZIP	NAPLES FL 34108	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN C. VALENTI	
2.3 STREET ADDRESS	1929 IMPERIAL GOLF COURSE BLVD	
2.4 CITY-ST-ZIP	NAPLES FL 34110	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DONNA MORIN	
3.3 STREET ADDRESS	856 99TH AVE. N	
3.4 CITY-ST-ZIP	NAPLES, FL 34108	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KEITH JENNINGS	
4.3 STREET ADDRESS	104 MAHOGANY DR	
4.4 CITY-ST-ZIP	NAPLES FL 34108	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAPHNE BERCHER	
5.3 STREET ADDRESS	3800 ESTERO BLVD W.	
5.4 CITY-ST-ZIP	NAPLES FL 34112	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 (941) 434-9724
Date Daytime Phone # 009288

CR2E037 (9/96)