


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
**PO BOX 9502
NAPLES FL 34101
US**

Mailing Address
**PO BOX 9502
NAPLES FL 34101
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

3. Date Incorporated or Qualified
12/07/1982

4. FEI Number
59-2414758

Applied For
☐ Yes ☐ No

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**KRAUSE, CHERYL R
1100 FIFTH AVE S, SUITE 201
NAPLES FL 34102**

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 **CHERYL KRAUSE** **4/23/98**
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	PP	<input type="checkbox"/> DELETE
NAME	KRAUS, CHERYL	
STREET ADDRESS	1100 5TH AVENUE S, SUITE 201	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALENTI, JOHN C	
STREET ADDRESS	1929 IMPERIAL GOLF COURSE BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MORIN, DONNA	
STREET ADDRESS	856 98TH AVE N	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENNINGS, KEITH	
STREET ADDRESS	104 MAHOGANY DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERCHER, DAPHNE	
STREET ADDRESS	3800 ESTERO BAY LN	
CITY-ST-ZIP	NAPLES FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: **JOHN VALENTI** **4/22/98** **(941) 495-5230**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)