

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768148** (9)

1. Corporation Name

**MORALITY IN MEDIA OF NAPLES, INC.**

Principal Place of Business

**440 SPINNAKER DRIVE  
NAPLES FL 33940**

Mailing Address

**4501 NO TAMiami TrL  
STE 300  
NAPLES FL 33940  
US**



2. Principal Place of Business

**21 505 WHISPERING PINE LANE**

Suite, Apt. #, etc.

**22**

City & State

**23 NAPLES, FL.**

Zip

**24 33940**

Country

**25 USA**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

3. Date Incorporated or Qualified

**04/26/1983**

3a. Date of Last Report

**01/18/1995**

4. FEI Number

**59-2340778**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**MALONEY, THOMAS E.  
4501 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES FL 33940**

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

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFIN, RUTH</b>	
STREET ADDRESS	<b>505 WHISPERING PINE LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAIG, TERNDUP</b>	
STREET ADDRESS	<b>3270 1ST AVE NW</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MYERS, EILEEN</b>	
STREET ADDRESS	<b>173 PENNY LANE #8</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FISHER, LEE</b>	
STREET ADDRESS	<b>324 PALM DR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRIMMEL, SHARON</b>	
STREET ADDRESS	<b>676 FOUNTAINHEAD LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BARBARA MATTEMER</b>	
1.3 STREET ADDRESS	<b>702 BOB WHITE LANE</b>	
1.4 CITY-ST-ZIP	<b>NAPLES, FL. 33963</b>	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas E. Maloney*  
**THOMAS E. MALONEY**

**6-6-96**

Date

**941-434-4931**

Daytime Phone #

CR2E037 (3/96)