FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768894** **(8)**

1. Corporation Name

T.E.C.H. FOUNDATION, INC.

Principal Place of Business	Mailing Address
2640 GOLDEN GATE PARKWAY SUITE 315 P.O. BOX 8117 NAPLES FL 33941-8117	2640 GOLDEN GATE PARKWAY SUITE 315 P.O. BOX 8117 NAPLES FL 33941-8117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/13/1983**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-2516162** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KELLY JR., CHARLES M.
2640 GOLDEN GATE PARKWAY SUITE 315
P.O. BOX 8117
NAPLES FL 33941-8117

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	FERNSTROM, MICHELE	1.2 NAME	COLLINS, ANGELA	
STREET ADDRESS	4501 TAMIAMI TRAIL NO.	1.3 STREET ADDRESS	4324 Silver Fox Drive	
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	Naples, FL 33999	
TITLE	SD	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	KELLY, CHARLES M., JR.	2.2 NAME	DE NAS, VIRGINIA M.	
STREET ADDRESS	2640 GOLDEN GATE PARKWAY SUITE 315	2.3 STREET ADDRESS	3055 Riviera Drive, Suite 202	
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE	TD	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	WALTHER, RONALD J	3.2 NAME	WALTHER, RONALD J.	
STREET ADDRESS	3777 TAMIAMI TRAIL, NORTH	3.3 STREET ADDRESS	3777 Tamiami Trail North	
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE	VD	4.1 TITLE	VD	☐ Change ☐ Addition
NAME	MC LAUGHLIN, JUSTIN	4.2 NAME	KELLY, CHARLES M., JR.	
STREET ADDRESS	850 PARK SHORE DRIVE SUITE 100	4.3 STREET ADDRESS	2640 Golden Gate Parkway, Suite 315	
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	Naples, FL 33942	
TITLE		5.1 TITLE	1ST VICE PRESIDENT	☐ Change ☐ Addition
NAME		5.2 NAME	MC LAUGHLIN, JUSTIN	
STREET ADDRESS		5.3 STREET ADDRESS	850 Park Shore Drive, Suite 100	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: _____ Charles M. Kelly, Jr. 2/7/95 261-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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