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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768894** (8)

1. Corporation Name

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



Principal Place of Business <b>2640 GOLDEN GATE PARKWAY SUITE 315 P.O. BOX 8117 NAPLES FL 34105 US</b>	Mailing Address <b>2640 GOLDEN GATE PARKWAY SUITE 315 P.O. BOX 8117 NAPLES FL 34105 US</b>
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2. Principal Place of Business <b>21 T.E.C.H. Foundation, Inc.</b> Suite, Apt. #, etc. <b>22 P.O. Box 7051</b> City & State <b>23 Naples, FL</b> Zip <b>24 34101-7051</b>	2a. Mailing Address <b>26 Same</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29 Collier</b>	Country <b>30 US</b>
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3. Date Incorporated or Qualified <b>06/13/1983</b>
4. FEI Number <b>59-2516162</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>KELLY JR., CHARLES M. 2640 GOLDEN GATE PARKWAY SUITE 315 P.O. BOX 8117 NAPLES FL 33941-8117</b>
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10. Name and Address of New Registered Agent <b>81 Name Virginia (Ginny) DeMas</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 9240 Bonita Beach Rd., #3317</b> <b>83</b> <b>84 City Bonita Springs FL 85 Zip Code 34135</b>
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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 *Ginny M. DeMas* *Ginny M. DeMas* *President* *4/28/98*  
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COLLINS, ANGELA 4324 SILVER FOX DRIVE NAPLES FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DE MAS, VIRGINIA M 3055 RIVIERA DRIVE SUITE 202 NAPLES FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WALTHER, RONALD J 3777 TAMAMM TRAIL NORTH NAPLES FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MCLAUGHLIN, JUSTIN 850 PARK SHORE DRIVE SUITE 100 NAPLES FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D O'DEAN, DEBBIE 711 21ST STREET SW NAPLES FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD Virginia (Ginny) DeMas 9240 Bonita Beach Rd., #3317 Bonita Springs, FL 34135</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>SD Joyceanna Rautio 10823 Tamiami Trail N. #G Naples, FL 34108</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>TD Nancy Reynolds 4501 Tamiami Trail N., #212 Naples, FL 34103</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ginny M. DeMas* **Ginny M. DeMas** *4/17/98* *941 498 1522*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)