FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N00430 (1)

1. Corporation Name

COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
4949 TAMIAMI TRAIL NORTH SUITE 202 NAPLES FL 33940 US	4949 TAMIAMI TRAIL NORTH 202 NAPLES FL 33940 US

3. Date Incorporated or Qualified: 12/19/1983	3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-2396243	☐ 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
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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FRANKE, DONALD T.
1044 COSTELLO DR.
SUITE 101
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 _____ 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	~~OD~~ ☑ DELETE	1.1 TITLE	CD ☒ Change ☐ Addition
NAME	HALE, KEVIN C	1.2 NAME	Brad A. Havemeier
STREET ADDRESS	801 LAUREL OAK DR	1.3 STREET ADDRESS	4100 Goodlette Road N.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	TD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FLEWELLING, LINDA C.	2.2 NAME	
STREET ADDRESS	4001 TAMIAMI TRL., N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HILLER, REMBRANDT C.	3.2 NAME	
STREET ADDRESS	3115 GULF SHORE BLVD., N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	M ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KENT, BARBARA J.	4.2 NAME	
STREET ADDRESS	5220 12TH AE., S.W.	4.3 STREET ADDRESS	500001780745
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	-04/15/96--01080--020
TITLE	☐ DELETE	5.1 TITLE	***61.25 ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: _____ Barbara J. Kent, Executive Director 3/29/96 (941)649-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

pm 4-15-96