

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 # **N03119** (7)

1. Corporation Name

VOLUNTEER LAWYERS' PROJECT, INC.



Principal Place of Business

Mailing Address

% RONALD STETLER
4001 N TAMiami TRAIL #250
NAPLES FL 33940
US

% RONALD STETLER
4001 N TAMiami TRAIL #250
NAPLES FL 33940
US

3. Date Incorporated or Qualified
05/16/1984

3a. Date of Last Report
05/01/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Collier County Bar Assn

26 Collier County Bar Assn

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3301 E. Tamiami Trail

27 3301 E Tamiami Trail

City & State

City & State

23 Naples FL

28 Naples FL

Zip

Country

Zip

Country

24 33962 25 Collier

29 33962 30 Collier

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASSIDOMO, JOHN M.
%FROST AND JACOBS
1300 THIRD STREET SOUTH, SUITE 303
NAPLES FL 33940

81 Name

Judith E. Baker

82 Street Address (P.O. Box Number is Not Acceptable)

3301 E. Tamiami Trail

83

Bldg L

84 City

Naples

FL

85 Zip Code

33962

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

Judith E. Baker

(NOTE: Registered Agent signature required when reappointing)

DATE

4/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME STETLER, RONALD
STREET ADDRESS 1080 GOODLETTE ROAD
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME REIMAN, CATHY
STREET ADDRESS 3001 N. TAMiami TRAIL
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME SLACK, MARK
STREET ADDRESS 3401 N. TAMiami TRAIL
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME PASSIDOMO, JOHN M.
STREET ADDRESS 1300 3RD STREET SOUTH
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME WEIGEL, DAVID
STREET ADDRESS 3301 E. TAMiami TRAIL
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME MCEL RATH, DAVID
STREET ADDRESS ~~3550 E. TAMiami TRAIL~~
CITY-ST-ZIP NAPLES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DAVID MCEL RATH
4001 TAMiami TRAIL #250
NAPLES, FL 33940

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

Date

Daytime Phone #

1-25-96 (941) 262 1202

CR2E037 (12/95)