

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03119

(7)

1. Corporation Name

VOLUNTEER LAWYERS' PROJECT, INC.

Principal Place of Business

Mailing Address

COLLIER CO. BAR ASSN.
3001 E TAMiami TR
NAPLES FL 33962
US

COLLIER CO. BAR ASSN.
3301 E TAMiami TRAIL
NAPLES FL 33962
US

3. Date Incorporated or Qualified

05/16/1984

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

JUDITH E. BAKER
3301 E TAMiami TRAIL
BLDG L
NAPLES FL 33962

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

Judith E. Baker

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEMAN, KEVIN	
STREET ADDRESS	4001 TAMiami TRAIL N., STE 300	
CITY-STATE-ZIP	NAPLES FL 34103	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEMAN, MICHAEL J	
STREET ADDRESS	365 5TH AVENUE S., STE 202	
CITY-STATE-ZIP	NAPLES FL 34102	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BONAQUIST, JAMES A	
STREET ADDRESS	3500 E. TAMiami TRAIL	
CITY-STATE-ZIP	NAPLES FL 34112	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAWSON, JEAM M	
STREET ADDRESS	1250 TAMiami TRAIL N., STE 302	
CITY-STATE-ZIP	NAPLES FL 34102	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MANALICH, RAMIRO	
STREET ADDRESS	3301 E. TAMiami TRAIL, BLDG L	
CITY-STATE-ZIP	NAPLES FL 34112	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	REINA, LEONARD P	
STREET ADDRESS	500 5TH AVENUE S.	
CITY-STATE-ZIP	NAPLES FL 34102	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Coleman, Kevin	
1.3 STREET ADDRESS	4001 Tamiami Tr N. Ste 300	
1.4 CITY-STATE-ZIP	Naples, FL 34103	

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Coleman, Michael J.	
2.3 STREET ADDRESS	365 5th Ave S, Ste 202	
2.4 CITY-STATE-ZIP	Naples, FL 34102	

3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bonaquist, James A	
3.3 STREET ADDRESS	3500 E. Tamiami Tr.	
3.4 CITY-STATE-ZIP	Naples, FL 34112	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jean Rawson	
4.3 STREET ADDRESS	1250 Tamiami Tr. N. Ste 320	
4.4 CITY-STATE-ZIP	Naples, FL 34102	

5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ramiro Manalich	
5.3 STREET ADDRESS	3301 Tamiami Tr., Bldg L	
5.4 CITY-STATE-ZIP	Naples, FL 34102	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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

Ramiro Manalich
(Ramiro Manalich)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-16-98 941-774-8400

CR2E037 (5/98)