

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90003 048 ****61.25

DOCUMENT # N03119

1. Corporation Name

VOLUNTEER LAWYERS' PROJECT, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 3301 E Tamiami Tr.

Suite, Apt. #, etc.

22 Naples FL

City & State

2a. Mailing Address

26 3301 E. Tamiami Tr.

Suite, Apt. #, etc.

27 Naples FL

City & State

3. Date Incorporated or Qualified

05/16/1984

4. FEI Number

NOT APPLICABLE

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

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

Judith E. Baker

82 Street Address (P.O. Box Numbers Not Acceptable)

3301 E. Tamiami Tr.

83

Bldg L

84 City

Naples

FL

85 Zip Code

34112

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

Exec. Dir.

7/14/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	COLEMAN, KEVIN	
STREET ADDRESS	4001 TAMiami TRAIL NORTH STE 300	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLEMAN, MICHAEL J	
STREET ADDRESS	365 5TH AVENUE S., STE 202	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BONAQUIST, JAMES A	
STREET ADDRESS	3500 E. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAWSON, JEAN	
STREET ADDRESS	1250 TAMiami TRAIL NORTH STE 320	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MANALICH, RAMIRO	
STREET ADDRESS	3301 E. TAMiami TRAIL., BLDG L	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COLEMAN, KEVIN	
1.3 STREET ADDRESS	4001 Tamiami Tr. N., Ste 300	
1.4 CITY-ST-ZIP	Naples, FL 34103	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COLEMAN, MICHAEL	
2.3 STREET ADDRESS	365 5th Ave S Ste 202	
2.4 CITY-ST-ZIP	Naples FL 34102	
3.1 TITLE	PD	<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-ST-ZIP	Naples FL 34112	
4.1 TITLE	3.1 D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jill Burzynski	
4.3 STREET ADDRESS	1124 Goodlette Rd	
4.4 CITY-ST-ZIP	Naples, FL 34102	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Manalich, Ramiro	
5.3 STREET ADDRESS	3301 Tamiami Tr. E.	
5.4 CITY-ST-ZIP	Naples FL 34112	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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, on an attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)