

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 # **N14213** (5)

1. Corporation Name

FRIENDS OF COLLIER COUNTY MUSEUM, INC.

Principal Place of Business

**COLLIER COUNTY MUSEUM
3301 TAMiami TRAIL EAST
NAPLES FL 33962-4961**

Mailing Address

**COLLIER COUNTY MUSEUM
3301 TAMiami TRAIL EAST
NAPLES FL 33962-4961**



2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

3. Date Incorporated or Qualified 04/07/1986	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2653840	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	

9. Name and Address of Current Registered Agent

**REBLE, JOHN E
1828 49TH ST SW
NAPLES FL 33999**

10. Name and Address of New Registered Agent

81 Name **Mary Herbert Chenery**
82 Street Address (P.O. Box Number is Not Acceptable)
4336 Beechwood Lake Drive
83
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 **Mary Herbert Chenery**

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

(NOTE: Registered Agent signature required when reinstating)

April 24, 1996

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD REBLE, JOHN E ☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	REBLE, JOHN E	1.2 NAME	Lynn Wuesthoff Jolb
STREET ADDRESS	1828 49TH ST SW	1.3 STREET ADDRESS	788 Park Shore Drive #A22
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	VD CHENERY, MARY ☒ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	CHENERY, MARY	2.2 NAME	J. Roland "Jack" Lieber
STREET ADDRESS	4336 BEECHWOOD LAKE DR.	2.3 STREET ADDRESS	1135 Cypress Woods Drive
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	TD HERMS, CAROLINE ☒ DELETE	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	HERMS, CAROLINE	3.2 NAME	Mary Herbert Chenery
STREET ADDRESS	1275 9TH AVE. N.	3.3 STREET ADDRESS	4336 Beechwood Lake Drive
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 33962-6102
TITLE	SD SALADINO, WILLIAM ☒ DELETE	4.1 TITLE	SD ☐ Change ☒ Addition
NAME	SALADINO, WILLIAM	4.2 NAME	Myrna Elis
STREET ADDRESS	3601 21ST AVE. SW	4.3 STREET ADDRESS	811 Knollwood Court
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, FL 33962
TITLE	D EARL, INDI ☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	EARL, INDI	5.2 NAME	Nancy Bladich
STREET ADDRESS	1111 GULFSHORE BLVD S	5.3 STREET ADDRESS	293 West Avenue
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL 33963
TITLE	D LIEBER, JACK ☒ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	LIEBER, JACK	6.2 NAME	Gail Flatto
STREET ADDRESS	1135 CYPRESS WOODS DR	6.3 STREET ADDRESS	594 Bay Villa Lane
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	Naples, FL 33963

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:

Mary Herbert Chenery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

(941) 775-2180

Daytime Phone #

CR2E037 (12/95)