FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -8 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17309 (8)

1. Corporation Name

SHELTER FOR ABUSED WOMEN OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10102 NAPLES FL 33941	P.O. BOX 10102 NAPLES FL 33941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1986
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2752895 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANKE, HELEN
450 GALLEON DRIVE
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 716 KILLDEER PL.
83
84 City: NAPLES FL 85 Zip Code: 33962

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Helen B. Franke 2/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	REIMAN, CATHY	1.2 NAME	PLATT, ROBERTA	
STREET ADDRESS	5731 MARIMIN DRIVE	1.3 STREET ADDRESS	249 PINEHURST CIRCLE	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FLORIDA 33962	
TITLE	DT	2.1 TITLE	DV	☑ Change ☐ Addition
NAME	YOUNG, CYNDI	2.2 NAME	COMPTON, RICK	
STREET ADDRESS	801 LAUREL OAK DRIVE, STE. 500	2.3 STREET ADDRESS	751 GLENDALE AVENUE	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FLORIDA 33963	
TITLE	DV	3.1 TITLE	DS	☑ Change ☐ Addition
NAME	PLATT, ROBERTA	3.2 NAME	BUNNELL NANCY	
STREET ADDRESS	249 PINEHURST CIRCLE	3.3 STREET ADDRESS	1610 NORTHGATE DRIVE	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES, FLORIDA 33942	
TITLE	DP	4.1 TITLE	DS	☑ Change ☐ Addition
NAME	BERRY, PATRICIA	4.2 NAME	DAGLE ELLIE	
STREET ADDRESS	551 ELKCAM CIRCLE	4.3 STREET ADDRESS	#6101-13108 ROYAL FERN COURT	
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	NAPLES, FLORIDA 33963	
TITLE	DV	5.1 TITLE	DT	☑ Change ☐ Addition
NAME	SPOTTL, JOY	5.2 NAME	MILLER, SUANNE	
STREET ADDRESS	1125 LITTLENECK COURT	5.3 STREET ADDRESS	1347 ILLINOIS DRIVE	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	NAPLES, FLORIDA 33940	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

3/10

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)(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: Roberta Platt 2/22/95 (813) 262-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000812