

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 # N17309 (8)
1. Corporation Name
SHELTER FOR ABUSED WOMEN OF COLLIER COUNTY, INC.



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

Mailing Address
**P.O. BOX 10102
NAPLES FL 33941**

3. Date Incorporated or Qualified
10/14/1986

3a. Date of Last Report
03/08/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2752895		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

**FRANKE, HELEN
716 KILLDEER PL
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name **Karen Coney, Attorney**

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

83 **850 Park Shore Dr., Suite 300**

84 City **Naples** **FL** 85 **33940**

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 *[Signature]* **2-12-96**
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 NAME STREET ADDRESS CITY-ST-ZIP	DV COMPTON, RICK 751 GLENDALE AVE NAPLES FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Secretary DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donna Charbonneau 3156 41st St. SW., Naples 33999
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUNNELL, NANCY 1510 NORTHGATE DR NAPLES FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Andrea Lissette 281 S. Airport Rd. Naples, FL 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PLATT, ROBERTA 249 PINEHURST CIRCLE NAPLES FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	President DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Martha C. Gill 2725 12th St. N. Naples, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILLER, JOANNE 1647 ILLINOIS DRIVE NAPLES FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAGLE, ELLIE #6101-15108 ROYAL FERN COURT NAPLES FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **741-263-4748**
Date Daytime Phone #

CR2E037 (12/95)