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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 ~~34101~~

34101

P.O. BOX 10102

NAPLES FL 34101-0102



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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONEY, KAREN
850 PARK SHORE DR
SUITE 300
NAPLES FL 33940

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE
NAME **CHARBONNEAU, DONNA**
STREET ADDRESS **3156 41ST ST SW**
CITY-ST-ZIP **NAPLES FL 33999**

TITLE **VD** ☒ DELETE
NAME **LISSETTE, ANDREA**
STREET ADDRESS **281 S AIRPORT RD**
CITY-ST-ZIP **NAPLES FL 33942**

TITLE **PD MEMBER** ☐ DELETE
NAME **GILL, MARTHA**
STREET ADDRESS **2725 12TH ST N**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE **DT Treasurer** ☐ DELETE
NAME **MILLER, JOANNE**
STREET ADDRESS **1647 ILLINOIS DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **PD** ☐ DELETE
NAME **DAGLE, ELLIE**
STREET ADDRESS **101-15108 ROYAL FERN COURT**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Secretary**
1.3 STREET ADDRESS **Barbara Schlieper**
1.4 CITY-ST-ZIP **280 Baltusrol Drive, Naples 34110**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Vice President**
2.3 STREET ADDRESS **Carol Yates**
2.4 CITY-ST-ZIP **188 Sharwood Dr., Naples, Fl 34110**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Kathy Herrmann**
3.3 STREET ADDRESS **P.O. Box 10102**
3.4 CITY-ST-ZIP **Naples, Fl 34101** (Exec. Dir.)

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Ellenor Dagle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellenor Dagle 3/12/97
Date

Daytime Phone # 0059304

CR2E037 (9/96)