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Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 US	P.O. BOX 10102 NAPLES FL 33941

3. Date Incorporated or Qualified

**10/14/1986**

4. FEI Number

**59-2752895**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June '90. ☐ Yes ☒ No

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

*CUMMINGS & LOCKWOOD  
3001 N. TAMiami TR  
NAPLES, FL 34103*

81 Name

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

*CUMMINGS & LOCKWOOD*

83

*3001 N TAMiami TR*

84

*NAPLES, FL*

FL

85 Zip Code *34103*

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHLEPER, BARBARA	
STREET ADDRESS	280 BALTUSROL DR.	
CITY-ST-ZIP	NAPLES FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	YATES, CAROL	
STREET ADDRESS	188 SHARWOOD DR.	
CITY-ST-ZIP	NAPLES FL	

TITLE	M	<input type="checkbox"/> DELETE
NAME	GILL, MARTHA	
STREET ADDRESS	2725 12TH ST N	
CITY-ST-ZIP	NAPLES FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JOANNE	
STREET ADDRESS	1647 ILLINOIS DRIVE	
CITY-ST-ZIP	NAPLES FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAGLE, ELLIE	
STREET ADDRESS	#6101-15108 ROYAL FERN COURT	
CITY-ST-ZIP	NAPLES FL	

TITLE	ED	<input type="checkbox"/> DELETE
NAME	HERMAN, KATHY	
STREET ADDRESS	PO BOX 10102 N/A	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Carol S Yates</i>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KANT, BONNIE
4.3 STREET ADDRESS	1910 MISSION DR
4.4 CITY-ST-ZIP	NAPLES, FL 34109

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR VERDESCA, EDWARD
5.3 STREET ADDRESS	863 B 4TH AVE S.
5.4 CITY-ST-ZIP	NAPLES, FL 34102

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Herrmann, Kathy
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, or on an attachment with an address.

SIGNATURE: *Carol S Yates* Carol Yates, President 1/2

CR2E037 (10/97)

Shelter for Abused Women of Collier County, Inc.  
P. O. Box 10102  
Naples, FL 34101

Document # N17309

Additional Members of Board of Directors

Director  
Carol Little  
1075 Central Ave  
Naples, FL 34102

Director  
Jim Newell  
Ronto Group  
3185 S. Horsehoe Dr.  
Naples, FL 34104

Director  
Jean Mau  
500 5th Ave. S. Ste 501  
Naples, FL 34102

Director  
Frankie Tester  
2335 9th St. N. Ste 205  
Naples, FL 34103

Director  
Karen Strickland  
776 Vanderbilt Beach Rd.  
Naples, FL 34108

Vice President  
Fred Schulz  
431 18th Ave., N. W.  
Naples, FL 34120