

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18398 (0)

1. Corporation Name

NAPLES ALLIANCE FOR CHILDREN, INC.



Principal Place of Business

Mailing Address

NAPLES ALLIANCE FOR CHILDREN
660 NINTH ST. N. #350
NAPLES FL 33940
USNAPLES ALLIANCE FOR CHILDREN
660 NINTH ST. N. #350
NAPLES FL 34102-8141
US3. Date Incorporated or Qualified
12/22/19863a. Date of Last Report
05/01/1996

4. FEI Number

59-2770492

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

SHAPIRO MYRA
4301 GULF SHORE BLVD N, APT #401
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 617.0508, Florida Statutes.

SIGNATURE

Myra Shapiro, President

4/18/97

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 PD ☐ DELETE
NAME SHAPIRO, MYRA
STREET ADDRESS 4301 GULF SHORE BLVD NO, #401
CITY-ST-ZIP NAPLES FLTITLE TD ☒ DELETE
NAME ASHMAN, LINDA M
STREET ADDRESS 337 EMERALD BAY CIR U-1
CITY-ST-ZIP NAPLES FLTITLE SD ☒ DELETE
NAME RIDDLE, MELINDA
STREET ADDRESS 3174 TAMiami TRAIL EAST UNIT 1
CITY-ST-ZIP NAPLES FLTITLE VD ☒ DELETE
NAME HEITMANN, TERESA
STREET ADDRESS 2350 FORREST LANE
CITY-ST-ZIP NAPLES FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME Reynolds, Nancy
2.3 STREET ADDRESS 4501 Tamiami Trail North
2.4 CITY-ST-ZIP Naples, FL 341033.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Rucker, Robin
3.3 STREET ADDRESS 4001 Tamiami Trail North
3.4 CITY-ST-ZIP Naples, FL 341034.1 TITLE VD ☐ Change ☒ Addition
4.2 NAME Lynn Davis
4.3 STREET ADDRESS 673 93rd Avenue North
4.4 CITY-ST-ZIP Naples, FL 341085.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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:

Myra Shapiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97

Date

Daytime Phone # (000) 000-0000

CR2E037 (9/96)