

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90203 016 \*\*\*\*61.25

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**DOCUMENT # N18398**

1. Corporation Name

**NAPLES ALLIANCE FOR CHILDREN, INC.**

Principal Place of Business

**NAPLES ALLIANCE FOR CHILDREN**  
**660 NINTH ST N. #35D**  
**NAPLES FL 33940**  
**US**

Mailing Address

**NAPLES ALLIANCE FOR CHILDREN**  
**660 NINTH ST. N. #35D**  
**NAPLES FL 33940**  
**US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **34102**

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **34102**

**29** Country

3. Date Incorporated or Qualified

**12/22/1986**

4. FEI Number

**59-2770492**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**SHAPIRO MYRA**  
**4301 GULF SHORE BLVD N, APT #401**  
**NAPLES FL 34103**

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

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 *Myra Shapiro* **Myra Shapiro**

**Feb. 5, 1999**

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 FL 34103**

TITLE **TD** ☒ DELETE  
NAME **BASS, TERRY**  
STREET ADDRESS **1020 8TH AVE SO. #1**  
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☒ DELETE  
NAME **RUCKER, ROBIN**  
STREET ADDRESS **4001 TAMiami TRAIL NORTH**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VD** ☐ DELETE  
NAME **DAVIS, LYNN**  
STREET ADDRESS **673 93RD AVE. NORTH**  
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **SD** ☐ DELETE  
NAME **HUNTER, KATHRYN**  
STREET ADDRESS **660 9TH ST. NO. #32**  
CITY-ST-ZIP **NAPLES FL 34102**

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  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **TD** ☐ Change ☒ Addition  
2.2 NAME **Mumford, Larry**  
2.3 STREET ADDRESS **173 Grand Oaks Way #106**  
2.4 CITY-ST-ZIP **Naples, FL 34110**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Ferguson, Edward**  
3.3 STREET ADDRESS **215 Silverado Drive**  
3.4 CITY-ST-ZIP **Naples, FL 34119**

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

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **Hunter, Kathryn**  
5.3 STREET ADDRESS **660 9th St. No. #32**  
5.4 CITY-ST-ZIP **Naples, FL 34102**

6.1 TITLE **SD** ☐ Change ☒ Addition  
6.2 NAME **de St. Pierre, Martin**  
6.3 STREET ADDRESS **4001 Tamiami Trail North**  
6.4 CITY-ST-ZIP **Naples, FL 34103**

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, with all other like empowered.

SIGNATURE:

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

**Feb. 5, 1999**

**(941) 649-5260**

Date

Daytime Phone #

CR2E037 (11/98)