

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23551 (7)

1. Corporation Name

AMI OF COLLIER COUNTY, INC.



Principal Place of Business

Mailing Address

680 NINETH STREET N.
SUITE 32 BOX 32C
NAPLES FL 33940
US

680 NINETH ST., N.
SUITE 32 BOX 32C
NAPLES FL 33940
US

3. Date Incorporated or Qualified
11/19/1987

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0047747

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONALDSON S BOYCE
659 PALM CIRCLE
NAPLES FL 33940

81 Name

Kathryn Hunter

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

10301 Main St

83

Bonita Springs, FL 33923

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

Kathryn Hunter, Exec. Dir.

6/11/96

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 PT - 0 ☐ DELETE

NAME HUFF, JOAN
STREET ADDRESS 782-93RD AVE., N.
CITY-ST-ZIP NAPLES FL

TITLE VT ☒ DELETE

NAME FRANCOEUR, IRENE
STREET ADDRESS 373 GULF SHORE BLVD., N., STE. 31
CITY-ST-ZIP NAPLES FL

TITLE TT ☒ DELETE

NAME DONALDSON, J. B
STREET ADDRESS 659 PALM CIR.
CITY-ST-ZIP NAPLES FL

TITLE ST ☒ DELETE

NAME LIVELY, DALE
STREET ADDRESS CPT. 1034 6TH AVE. N.
CITY-ST-ZIP NAPLES FL

TITLE DMT - 0 ☐ DELETE

NAME COLLETT, PAMELA
STREET ADDRESS 1621 EUCALYPTUS LANE
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

TREASURER (T)
JUDY EVANS
138 Pebble Shores # 101 O
Naples FL 33942

Secretary
Jeanne Boughner (S)
1212 12 Ave N D
Naples FL 33940

TR.

100001925591
-08/19/96--01045--003
***61.25

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)(b) 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 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:

Kathryn Hunter Executive Dir. Kathryn Hunter 6/11/96 434 6722

CR2E037 (3/96)