

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 26 1996 8:00 am
Secretary of State

DOCUMENT # N26549 (8)

1. Corporation Name

FILLABELLY FOUNDATION, INC.



Principal Place of Business
**4501 TAMiami TRAIL N.
SUITE 300
NAPLES FL 33940
US**

Mailing Address
**4501 TAMiami TRAIL N.
SUITE 300
NAPLES FL 33940
US**

3. Date Incorporated or Qualified
05/23/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0156119

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country
30 Zip Country

9. Name and Address of Current Registered Agent

**DOYLE, ROBERT E., JR.
4501 TAMiami TRAIL N.
SUITE 300
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
85 Zip Code
FL

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	D	<input type="checkbox"/> DELETE
NAME	MCDONNELL, MICHAEL R.N.	
STREET ADDRESS	720 GOODLETTE RD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOYLE, ROBERT E.	
STREET ADDRESS	3174 E. TAMiami TR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LIGGETT, LLOYD N.	
STREET ADDRESS	4001 TAMiami TR NO. E.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHEN, JILL	
STREET ADDRESS	374 SOUTH GOLF DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUCAN, ROBERT	
STREET ADDRESS	305 FIFTH AVE., S. 9202	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1165 Eighth Street South
1.4 CITY-ST-ZIP	33940
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4501 Tamiami Trail North, Suite 300
2.4 CITY-ST-ZIP	33940
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4001 Tamiami Trail North
3.4 CITY-ST-ZIP	33940
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2640 Golden Gate Parkway, Suite 106
5.4 CITY-ST-ZIP	33942
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Robert E. Doyle, Jr.

2-19-96

Date

Daytime Phone #

CR2E037 (12/95)