## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26549

(8)

Mailing Address

FILLABELLY FOUNDATION, INC.

4501 TANIAMI TRAIL N.— SUITE 300 - NAPLES FL 33910 - US		4601 TAMIAMI TRAN. N. BUITE 600					
		NAPLES FL SHICO-SO23 US		3. Date incorporated or Qualified 05/23/1988	3a. Date of Last Report 02/26/1996		
	lace of Business	2a. Maiting Address			4. FEI Number 65-0156119	Applied For	
	Mooring Line Dr.	26 777 Mooring	Line D	r.	8110010-00	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State			6. Election Campaign Financing	\$5.00 May Be	
3 Napl	es, FL	28 Naples FL			Trust Fund Contribution	Added to Fees	
	Country	Zip	Country	' '	8. This corporation has liability for		
	g Name and Address of Current		30		Florida Statutes  10. Name and Address of New R	Yes No	
	9. Name and Address of Current	Mañiliteran Mâatir	81	Name	10. Hally gilo Address of Hear I	agistoleo Agent	
DAVI F	DODERT E ID						
	, ROBERT E., JR.		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
	amiami trajl n.		83	ļ			
SUITE	300 S FL <del>33940-</del>						
NAPLE	2 LF 90 <del>040</del>		84	City		FL 85 Zip Code 34103	
11 Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statute	s the abov	e-named	corporation submits this statement for the	purpose of changing its registered	
office or agent. I a	registered agent, or both, in the State arm familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 617.0503, Flor	uthorized b ida Statute	y the corp s.	corporation submits this statement for the poration's board of directors. I hereby accor-	ept the appointment as registered	
SIGNATURE	Signatural typed or printed name of registered agen	it and title if applicable. (NOTE:	Registered Ag	ent signature	required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TILLE	D	☐ DELETE	1.1 TITLE			Change Addition	
NAME	MCDONNELL, MICHAEL R.N.		1.2 NAME				
STREET ADDRESS	1165 EIGHTH ST SOUTH		1.3 STREET	ADDRESS			
CHTY-ST-ZIP	NAPLES FL		1.4 DITY-1	SY-ZIP			
TITLE	PD	DELETE	2.1 TITLE	[		Change Addition	
NAME	·		2.2 NAME 2.3 STREET ADDRESS		Dr. Michael Collins		
STREET ADDRESS					777 Mooring Line Dr.		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-	ST-ZIP	Naplos, FL 34102		
TITLE	TD	☐ DELETE	3.1 TITLE		•	Change Addition	
NAME	LIGGETT, LLOYD N.		3.2 NAME				
STREET ADDRESS	4001 TAMIAMI TRAIL N			TADDRESS			
CITY-ST-ZIF	NAPLES FL D	DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP		Change Addition	
TITLE	1 T	☐ OLCETE				Ci Arango Ci Anakon	
NAME	STEPHEN, JILL 374 SOUTH GOLF DRIVE		4. 2 NAME	T ADDRESS			
STREET ADDRESS	NAPLES FL		4.3 STREE				
CITY-ST-ZIP TITLE	VO VO	DELETE	5.1 TITLE	91. Tit		Change Addition	
NAME	DUCAN, ROBERT	hand a second	5.2 NAME			<del> </del>	
STREET ADDRESS	2840 GOLDEN GATE PKWY,	STE 106		T ADDRESS			
CITY-ST-ZIP	NAPLES FL		5.4 CITY-				
TITLE		DELETE	6.1 TITLE	~· en	Secretary	☐ Change	
NAME		•	6.2 NAME		William H. Bartels	• •	
STREET ADDRESS	I		1	t address	720 Goodlette Road No	nth	
		4			Neelee Et	1011	
14. I do here	eby certify that the information supplied	with this filing obes not qualify	for the ex	emption s	taled in Section 119.07(3)(i), Florida Statu	tes. I further certify that the	
informati Lam an	on indicated on this arinhal report or sofficer or director of the corporation or	upplemental indual report is tri the receiver or trustee empowe	ue and acc ered to exe	urate and cute this r	tated in Section 19.07(3)(i), Florida Statu that my signature shall have the same le- eport as required by Chapter 617, Florida	gai effect as if made under oath; tha i Statutes; and that my name	