SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 31 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34695** **(9)**

1. Corporation Name
COLLIER AIDS RESOURCE AND EDUCATION SERVICE, INC

Principal Place of Business	Mailing Address
3080 TAMIAMI TRAIL NORTH NAPLES FL 33940	3080 TAMIAMI TRAIL NORTH NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0195302 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 1090 Sixth Ave. North	26 1090 Sixth Ave. North		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 City & State: Naples, FL 33940	28 City & State: Naples, FL 33940	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS $61.25
24 Zip: 33940 25 Country: Collier	29 Zip: 33940 30 Country: Collier	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
FREES, NANCY R. 344 11TH AVENUE SOUTH NAPLES FL 33940	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: Susan K. Lennane, Secretary — DATE: 7 June 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition President
NAME	JANSEN, CAROLYN	12 NAME	Ron Gehrke
STREET ADDRESS	1055 LASTRADA LANE	13 STREET ADDRESS	646 Augusta Blvd.
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples, FL 33962
TITLE	VP	21 TITLE	☒ Change ☐ Addition Vice President
NAME	WILSON, HERB	22 NAME	Carolyn Jansen
STREET ADDRESS	1 SABRE CAY	23 STREET ADDRESS	1055 Lastrada Lane
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	Naples, FL 33940
TITLE	S	31 TITLE	☒ Change ☐ Addition Susan K. Lennane
NAME	WALLETT, CHRISTINE	32 NAME	Secretary
STREET ADDRESS	6361 PELICAN BAY	33 STREET ADDRESS	4228 Gordon Drive
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	Naples, FL 33940
TITLE	T	41 TITLE	☒ Change ☐ Addition Treasurer
NAME	BREWSTER, HAROLD	42 NAME	Jeffrey Quinn, Sparkman & Quinn
STREET ADDRESS	601 BEACHWALK CIRCLE	43 STREET ADDRESS	307 Airport Road North
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	Naples, FL 33942
TITLE	ED	51 TITLE	☒ Change ☐ Addition Executive Director
NAME	KAISER, MICHAEL	52 NAME	Noel Piano
STREET ADDRESS	540 MOORINGLINE DRIVE	53 STREET ADDRESS	231 Second Ave South
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	Naples, FL 33940
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	FREES, NANCY	62 NAME	Clinic Director, Nancy Frees
STREET ADDRESS	344 11TH AVENUE SOUTH	63 STREET ADDRESS	(Same as #12 and #9)
CITY-ST-ZIP	NAPLES FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: Susan K. Lennane — 7 June 1995 — (813) 262-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Susan K. Lennane — 7 June, 1995 — (813) 262-1015