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FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N35739 (4)

1. Corporation Name

COLLIER UNITED FOR RIGHTS AND EQUALITY, INC.

Principal Place of Business

Mailing Address

1725 COUNTY RD 951
STE 104
GOLDEN GATE FL 33999
US

725 COUNTY RD 951
STE 104
GOLDEN GATE FL 33999
US



3. Date Incorporated or Qualified
12/18/1989

3a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2827748

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

ALLEN, HOWARD SR
430 GAUNT ST
IMMOKALEE FL 33999

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 *Ophelia Allen Organizer*

June 11 1997

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 VD ☐ DELETE
NAME ADKINS, WARREN REV
STREET ADDRESS 6809 YARBERRY LANE
CITY-ST-ZIP NAPLES FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME ALLEN, REV. HOWARD SR
STREET ADDRESS 430 GAUNT STREET
CITY-ST-ZIP IMMOKALEE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME BASS, VIVIAN
STREET ADDRESS 4424 31ST AVE SW
CITY-ST-ZIP NAPLES

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME VASQUEZ, CRISTINA
STREET ADDRESS 229 N. 2ND STREET
CITY-ST-ZIP IMMOKALEE FL

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

TITLE SD ☒ DELETE
NAME MIDNEY, PAUL
STREET ADDRESS 1807 ROBERTS AVENUE
CITY-ST-ZIP IMMOKALEE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME Sharon Tims
STREET ADDRESS 202 Eustis Ave
CITY-ST-ZIP Immokalee FL 34142

6.1 TITLE ☐ Change ☐ 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 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.

Ophelia Allen Organizer

Sharon Tims

CR2E037 (9/96)