

FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/10/95-01016-014
DO NOT WRITE IN THIS SPACE *** 30.65

DOCUMENT # N40631 (6)

1. Corporation Name

PARENTS AS TEACHERS OF COLLIER COUNTY, FLORIDA, INC.

Principal Place of Business

Mailing Address

3710 ESTEY AVENUE
NAPLES FL 33942-4457

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NAPLES FL 33942-4457

3. Date Incorporated or Qualified
11/01/1990

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0232400

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1295 14th Ave. N.

26 1295 14THAVE, N.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Naples, FL

28 City & State
NAPLES, FL

24 Zip
33940

25 Country
U.S.A.

29 Zip
33940

30 Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

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

HO, VICTORIA
3174 E TAMiami TRAIL
NAPLES, FL 33962

81 Name
GENE OLLIFF

82 Street Address (P.O. Box Number is Not Acceptable)
3710 ESTEY AVE.

83

84 City
NAPLES

FL 85 Zip Code
33942

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Gene Olliff, President

(NOTE: Registered Agent signature required when re-registering.)

3/29/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OLLIFF, GENE
STREET ADDRESS 3710 ESTEY AVE.
CITY, ST, ZIP NAPLES FL

11 TITLE ☒ Change ☐ Addition
12 NAME SECRETARY
13 STREET ADDRESS SWEINBERG, BARBARA
14 CITY, ST, ZIP 48 PALOS DR.
NAPLES, FL 33942

TITLE SD
NAME JONES, PHYLLIS
STREET ADDRESS 12800 UNIV. DR., #400
CITY, ST, ZIP FT. MYERS FL

21 TITLE ☒ Change ☐ Addition
22 NAME TREASURER
23 STREET ADDRESS JOE CARRAHER
24 CITY, ST, ZIP 710 GOODLETTE RD. N.
NAPLES, FL 33940

TITLE TD
NAME HO, VICTORIA
STREET ADDRESS 3174 E TAMiami TRAIL
CITY, ST, ZIP NAPLES FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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:

Gene Olliff

GENE OLLIFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/95 (813) 643-2700