

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-496

b- 1818

NC

DOCUMENT # N41167

(0)

1. Corporation Name

COLLIER COUNTY FOUNDATION FOR THE HEARING IMPAIR
ED INC.



Principal Place of Business

Mailing Address

1000 TAMiami TRAIL N
SUITE 403
NAPLES FL 33940
US

1000 TAMiami TRAIL N
SUITE 403
NAPLES FL 33940
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

12/10/1990

3a. Date of Last Report

08/04/1995

4. FEI Number

65-0241029

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

WOLLMAN, EDWARD E.
5100 NORTH TAMiami TRAIL
SUITE 151
NAPLES FL 33940

THIS IS
CORRECT

81 Name

Rick Frager

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

1000 Tamiami Trail N. Ste 403

83

84 City

Naples

FL

85

Zip Code

33940

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME WOLLMAN, EDWARD E.
STREET ADDRESS 4441 WILDER ROAD
CITY - ST - ZIP NAPLES FL

TITLE PD ☐ DELETE

NAME FRAGER, RICK
STREET ADDRESS 1000 TAMiami TRAIL N STE 403
CITY - ST - ZIP NAPLES FL 33940

TITLE TD ☐ DELETE

NAME COLLINS, JOYCE
STREET ADDRESS 1615 FIG LANE
CITY - ST - ZIP NAPLES FL 33942

TITLE VD ☐ DELETE

NAME DAWSON, SUSAN
STREET ADDRESS FIRST UNION - 5801 PELICAN BAY BLVD.
CITY - ST - ZIP NAPLES FL 33941-3004

TITLE SD ☐ DELETE

NAME KAPLAN, DIANE
STREET ADDRESS 1713 FOREST LAKES BLVD.
CITY - ST - ZIP NAPLES FL 33942

TITLE D ☐ DELETE

NAME JENNER, JUDY
STREET ADDRESS 151 CYPRESS WAY EAST., # 108
CITY - ST - ZIP NAPLES FL 33942

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)