

FILE NOW: FILING FEE IS \$61.25

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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34102-5481 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	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 12/10/1990	3a. Date of Last Report 03/04/1996
4. FEI Number 65-0241029	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
WOLLMAN, EDWARD E. 5100 NORTH TAMiami TRAIL SUITE 131 NAPLES FL 33940	

10. Name and Address of New Registered Agent	
81 Name Wellman, Edward E.	85 Zip Code FL 34103
82 Street Address (P.O. Box Numbers Not Acceptable) 5129 Castello Drive	
83 Suite Suite 1	
84 City Naples	

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLLMAN, EDWARD E.	1.2 NAME	
STREET ADDRESS	4441 WILDER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAGER, RICK	2.2 NAME	
STREET ADDRESS	1000 TAMiami TRAIL N STE 403	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOYCE	3.2 NAME	
STREET ADDRESS	1615 FIG LANE	3.3 STREET ADDRESS	5244 Autumn Haze Dr.
CITY-ST-ZIP	NAPLES FL 33942	3.4 CITY-ST-ZIP	Naples FL 34109
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, SUSAN	4.2 NAME	
STREET ADDRESS	FIRST UNION - 5801 PELICAN BAY BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33941-3004	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, DIANE	5.2 NAME	
STREET ADDRESS	1713 FOREST LAKES BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNER, JUDY	6.2 NAME	
STREET ADDRESS	151 CYPRESS WAY EAST., # 108	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	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.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Richard Frager** 4/28/97 941 434-0016

2E037 (9/96)