

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 TAMAMI TRAIL N
SUITE 403
NAPLES FL 33940
US**

**1000 TAMAMI TRAIL N
SUITE 403
NAPLES FL 33940
US**

3. Date Incorporated or Qualified

12/10/1990

4. FEI Number

65-0241029

Applied For

Not Applicable

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
24 Country	29 Country
25	30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLLMAN, EDWARD E.
5129 CASTELLO DR
SUITE 1
NAPLES FL 34103**

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

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 <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 TAMAMI 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOYCE	3.2 NAME	
STREET ADDRESS	9284 AUTUMN HAZE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	
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 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]

4/7/98

941 435-1533

CR2E037 (10/97)