

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90259 008 \*\*\*\*61.25

0063314

**DOCUMENT # N41167**

1. Corporation Name

**COLLIER COUNTY FOUNDATION FOR THE HEARING IMPAIR  
ED INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

**24**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**29**  
Country

3. Date Incorporated or Qualified

**12/10/1990**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**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 ☐ DELETE

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

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

**TITLE** TD  
**NAME** COLLINS, JOYCE  
**STREET ADDRESS** 9264 AUTUMN HAZE DR  
**CITY-ST-ZIP** NAPLES FL

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

**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**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Edward E. Wollman** 4/1/99

**741 435**  
**1532**

Date

Daytime Phone #

CR2E037 (1/98)