FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

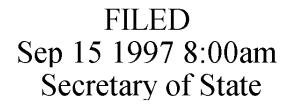
FIRE SERVICE STEERING COMMITTEE OF COLLIER COUNT Y, FLORIDA, INC.

Principal Place of Business

Mailing Address

4798 DAVIS BLVD. NAPLES FL 33942

4798 DAVIS BLVD. NAPLES FL 34104-5020





						3. Date Incorporated or Qualified 3a 03/25/1991	07/15/19		
2. Principal Pla	ace of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number Applied For		plied For	
21		26	26			65-0260235	No	t Applicable	
Suite, Apt. i	r, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	dditional	
22		27					Fee Re	quired	
City & State		City & State	⊢ ¬ ′			6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution			
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 3			80		Fiorida Statutes Yes No 10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent					81 Name				
					or Name				
CANNON		į	82	Street Addr	ress (P.O. Box Number is Not Acceptable)				
4798 DA	M\$ BLVD.		Ĺ						
NAPLES FL 33942					83				
			}	84	City		85 Zip (Code	
				۳,	Only		FL 🏻 🖰	/	
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, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICE	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12	
TITLE	D DELETE 1.			LE		7	Change	Addition	
NAME	KISSEL, WALTER			1.2 NAME RA		audall Lyon,			
STREET ADDRESS	1441 PINE RIDGE RD		1.3 \$		ADDRESS 4-	audall Lyon 198 Davis Blud			
CITY-ST-ZIP	NAPLES FL		1400	1,4 CITY-ST-ZIP		laples. FL			
TITLE	DELETE			2.1 TITLE D		Japles, FL JURACIT MAGNIRE 180 OAK AVE Japles, FL 34108	☐ Change	Addition	
NAME	JONES, JAMES L.			2.2 NAME		Survice 1. Tillion 2			
STREET ADDRESS	1441 PINE RIDGE RD				address 🛩	180 OAK AVE		ļ	
CITY-ST-ZIP	NAPLES FL				T-ZIP	Ipples, FL. 34100		1	
TITLE	ħ		3.1 TITLE			Change	Addition		
NAME	CANNON, THOMAS G.		3.2 NA	3.2 NAME					
STREET ADDRESS	4798 DAVIS BLVD.				ADDRESS				
	NAPLES FL		3.4. CI						
CITY-ST-ZIP	IAA PRA I P	DELE			1 40		Change	Addition	
NAME I			4. 2 N]	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CI		· ·				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELE			E-11		Change	Addition	
NAME			5.2 NA				•		
STREET ADDRESS					address				
CITY-ST-ZIP TITLE		DELE	5.4 CF TE 6.1 TH		1-71L		☐ Change	Addition	
			6.2 NA						
NAME OTREET ARROTOG					ADDOCCO				
STREET ADDRESS					ADDRESS			}	
CITY-ST-ZIP	w certify that the information of	unnlied with this tiling does no	6.4 Cf			d in Section 119.07(3)(i). Florida Statutes, Lfr	urther certify that	the	
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 control of 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.									