FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43293** **(2)**

1. Corporation Name

TAXPAYER'S ACTION GROUP OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
~~C/O DAVID EMERSON BRUNER~~ ~~850 N COLLIER BLVD., C-200~~ ~~MARCO ISLAND, FL 33937~~	~~C/O DAVID EMERSON BRUNER~~ ~~850 N COLLIER BLVD., C-200~~ ~~MARCO ISLAND, FL 33937~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1991
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0229662 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

2. Principal Place of Business	2a. Mailing Address
21 2150 Goodlette Road	26 2150 Goodlette Road
Suite, Apt. #, etc. 22 6th Floor	Suite, Apt. #, etc. 27 6th Floor
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip 24 33940 Country 25 USA	Zip 29 33940 Country 30 USA

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
SOHN, CRAIG W ESQ. 2150 GOODLETTE RD., 6TH FL. NAPLES FL 33940	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☐ Change XX Addition
NAME	OLDS STANLEY T	12 NAME	FARLEY, MARGE
STREET ADDRESS	879 F MEADOWLAND DR	13 STREET ADDRESS	1394 MONARCH CIRCLE
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	NAPLES, FL 33999
TITLE	~~PD~~	21 TITLE	PD ☐ Change XX Addition
NAME	~~SCHEERER, ED~~	22 NAME	NEIDITZ, VICTOR
STREET ADDRESS	~~3590 21ST AVENUE, SOUTHWEST~~	23 STREET ADDRESS	4031 GULF SHORE BLVD. N.
CITY-ST-ZIP	~~NAPLES FL 33962~~	24 CITY-ST-ZIP	NAPLES, FL 33940
TITLE	SD	31 TITLE	SD ☐ Change XX Addition
NAME	SLAUGHTER, IRMA	32 NAME	MEYERS, EILEEN
STREET ADDRESS	842 CHARLEMAGNE BLVD	33 STREET ADDRESS	173 PENNY LANE
CITY-ST-ZIP	NAPLES FL 33962	34 CITY-ST-ZIP	NAPLES, FL 33962
TITLE	~~PD~~	41 TITLE	TD ☐ Change XX Addition
NAME	~~ERLICHMAN, GILBERT~~	42 NAME	VASEY, JANET
STREET ADDRESS	~~5980 AMHERST DR., D-105~~	43 STREET ADDRESS	4398 LONGSHORE WAY N.
CITY-ST-ZIP	~~NAPLES FL~~	44 CITY-ST-ZIP	NAPLES, FL 33999
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

AR 5/18

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Marge E. Farley Marge Farley, Pres. 4-21-95 (813) 353-2733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016797