

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43293 (2)

1. Corporation Name

TAXPAYER'S ACTION GROUP OF COLLIER COUNTY, INC.



Principal Place of Business
2150 GOODLETTE ROAD
6TH FLOOR
NAPLES FL 33940
US

Mailing Address
2150 GOODLETTE ROAD
6TH FLOOR
NAPLES FL 33940
US

3. Date Incorporated or Qualified 05/08/1991
3a. Date of Last Report 05/01/1995

2. Principal Place of Business
21 Same as above
2a. Mailing Address
26 Same as above

Suite, Apt. #, etc.

22 City & State
27 City & State

23 Zip
28 Zip

Country
29 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SOHN, CRAIG W ESQ.
2150 GOODLETTE RD., 6TH FL.
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Same
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 N/A

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	OLDS STANLEY T	879 F MEADOWLAND DR	NAPLES FL	<input checked="" type="checkbox"/>
PD	NEIDITZ, VICTOR	4031 GULF SHORE BLVD. N.	NAPLES FL	<input checked="" type="checkbox"/>
SD	SLAUGHTER, IRMA	842 CHARLEMAGNE BLVD	NAPLES FL 33962	<input checked="" type="checkbox"/>
TD	VASEY, JANET	4398 LONGSHORE WAY N	NAPLES FL 33999	<input checked="" type="checkbox"/>
PD	FARLEY, MARGE	1394 MONARCH CIRCLE	NAPLES FL 33999	<input checked="" type="checkbox"/>
SD	MEYERS, EILEEN	173 PENNY LANE	NAPLES FL 33962	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	Olds, Stanley T	879 F Meadowland Dr.	Naples, FL. 34108	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	Neiditz, Victor	4031 Gulf Shore Blvd. N	Naples, FL. 34103	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	Erlichman, Frances S.	5980 Amherst Dr. D105	Naples, FL. 34112	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Vasey, Janet	4398 Longshore Way N.	Naples, FL. 34119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Slaughter, Irma	842 Charlemagne Blvd.	Naples, FL. 34112	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Olds, Jane	879 F Meadowland Dr.	Naples, FL. 34108	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)(k), 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:

FRANCES S. ERILCHMAN

7/30/96

941-775-5305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)