

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5551 Ridgewood Dr. Suite, Apt. #, etc. 22 201 City & State 23 Naples, FL Zip 24 34108 Country 25 USA	2a. Mailing Address 26 5551 Ridgewood Dr. Suite, Apt. #, etc. 27 201 City & State 28 Naples, FL Zip 29 34108 Country 30 USA	3. Date Incorporated or Qualified 05/08/1991	3a. Date of Last Report 08/05/1996	4. FEI Number 65-0229662	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Craig W. Sohn 82 Street Address (P.O. Box Number is Not Acceptable) 5551 Ridgewood Dr., #201 83 84 City Naples FL 85 Zip Code 34108	
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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 **Craig W. Sohn** DATE **7/25/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	OLDS, STANLEY <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	OLDS, STANLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS 879 F MEADOWLAND DR		1.3 STREET ADDRESS 879 F. MEADOWLAND DR.	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP NAPLES, FL 34108	
TITLE PD	NEIDITZ, VICTOR <input checked="" type="checkbox"/> DELETE	2.1 TITLE PD	NEIDITZ, VICTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS 4031 GULF SHORE BLVD. N.		2.3 STREET ADDRESS 4031 GULF SHORE BLVD. N.	
CITY-ST-ZIP NAPLES FL		2.4 CITY-ST-ZIP NAPLES, FL 34103	
TITLE PD	ERLICHMAN, FRANCES <input checked="" type="checkbox"/> DELETE	3.1 TITLE PD	ERLICHMAN, FRANCES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS 5980 AMHERST DRIVE D105		3.3 STREET ADDRESS 5980 AMHERST, DR. D105	
CITY-ST-ZIP NAPLES FL		3.4 CITY-ST-ZIP NAPLES, FL 34112	
TITLE TD	VASEY, JANET <input checked="" type="checkbox"/> DELETE	4.1 TITLE T	FISHER, DALE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS 4398 LONGSHORE WAY		4.3 STREET ADDRESS 324 PALM #1	
CITY-ST-ZIP NAPLES FL		4.4 CITY-ST-ZIP NAPLES, FL 34112	
TITLE SD	SLAUGHTER, IRMA <input checked="" type="checkbox"/> DELETE	5.1 TITLE SD	SLAUGHTER, IRMA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS 842 CHARLEMAGNE BLVD		5.3 STREET ADDRESS 842 CHARLEMAGNE BLVD	
CITY-ST-ZIP NAPLES FL		5.4 CITY-ST-ZIP NAPLES, FL 34112	
TITLE SD	OLDS, JANE <input checked="" type="checkbox"/> DELETE	6.1 TITLE S	DUNAVAN, MARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS 879 F MEADOWLAND DRIVE		6.3 STREET ADDRESS 1221 CYPRESS DR.	
CITY-ST-ZIP NAPLES FL		6.4 CITY-ST-ZIP NAPLES, FL 34120	

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 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 ERLICHMAN** DATE: **8/5/97** **941-775-5305**
SIGNATURE REQUIRED

CR2E037 (4/97)