

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90204 020 ****61.25

0063979

DOCUMENT # N43293

1. Corporation Name

TAXPAYER'S ACTION GROUP OF COLLIER COUNTY, INC.

Principal Place of Business

5551 RIDGEWOOD DR
201
NAPLES FL 34108
US

Mailing Address

5551 RIDGEWOOD DR
201
NAPLES FL 34108
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. Box 770234
Suite, Apt. #, etc.

27 City & State

28 NAPLES, FL.

Zip

29 34107-0234

Country

30 COLLIER

3. Date Incorporated or Qualified

05/08/1991

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

9. Name and Address of Current Registered Agent

SOHN, CRAIG W
5551 RIDGEWOOD DR #201
NAPLES FL 34108

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

TITLE PD
NAME AGOSTON, TIBOR
STREET ADDRESS 360 10TH AVE N.W.
CITY-ST-ZIP NAPLES FL 34120 ☐ DELETE

TITLE PD
NAME MACCHIA, THOMAS
STREET ADDRESS 7112 MILL POND CIR
CITY-ST-ZIP NAPLES FL 34109 ☒ DELETE

TITLE PD
NAME SOMMER, ROBERT A
STREET ADDRESS 1538 WEYBRIDGE CIR
CITY-ST-ZIP NAPLES FL 34110 ☐ DELETE

TITLE T
NAME FISHER, DALE
STREET ADDRESS 324 PALM #1
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE SD
NAME DUNAVAN, MARY
STREET ADDRESS 1221 CYPRESS DR
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME VICTOR NEIBITZ
1.3 STREET ADDRESS 4031 GULF SHORE BLVD. NO.
1.4 CITY-ST-ZIP NAPLES, FL 34103 ☐ Change ☒ Addition

2.1 TITLE SD
2.2 NAME JANE OLDS
2.3 STREET ADDRESS 879-F MEADOWLAND DRIVE
2.4 CITY-ST-ZIP NAPLES, FL 34108 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

(941) 597-8112

Daytime Phone #

CR2E037 (11/98)