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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N46180

1. Corporation Name

FRANCES PEW HAYES FAMILY FOUNDATION, INC.

Principal Place of Business

3200 BAILEY LN  
 STE 115  
 NAPLES FL 33942  
 US

Mailing Address

3200 BAILEY LN  
 STE 115  
 NAPLES FL 33942  
 US



2. Principal Place of Business

21 1342 Colonial Road

Suite, Apt. #, etc.

22 Suite 11

City & State

23 Ft. Myers FL

Zip

24 33904 25 US

2a. Mailing Address

26 1342 Colonial Road

Suite, Apt. #, etc.

27 Suite 11

City & State

28 Ft. Myers FL

Zip

29 33904 30 US

3. Date Incorporated or Qualified

11/25/1991

4. FEI Number

65-0297367

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

WESTMAN, CARL E. ESQUIRE  
 850 PARK SHORE DRIVE  
 THIRD FLOOR  
 NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name CAEL E. Westman  
 82 Street Address (P.O. Box Number is Not Acceptable) 5551 Ridgewood Drive  
 83 Suite 101  
 84 City Naples FL 85 Zip Code 34108

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]*

3/8/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE PD  
 NAME HAYES, FRANCES PEW  
 STREET ADDRESS 13189 VALEWOOD DRIVE  
 CITY-ST-ZIP NAPLES FL

TITLE VD  
 NAME BLACK, J. HOWARD P.  
 STREET ADDRESS 4287 SNOWBERRY LANE  
 CITY-ST-ZIP NAPLES FL

TITLE TD  
 NAME SOLOMON, GENE R.  
 STREET ADDRESS 6747 DANAH COURT  
 CITY-ST-ZIP FORT MYERS FL

TITLE SD  
 NAME WESTMAN, CARL E. ESQUIRE  
 STREET ADDRESS 1952 CRAYTON ROAD  
 CITY-ST-ZIP NAPLES FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  Change  Addition  
 1.2 NAME FRANCES PEW HAYES  
 1.3 STREET ADDRESS 3067 LANCASTER DRIVE #4  
 1.4 CITY-ST-ZIP NAPLES FL 34108

2.1 TITLE VD  Change  Addition  
 2.2 NAME J. HOWARD P. BLACK  
 2.3 STREET ADDRESS 13189 VALEWOOD DR  
 2.4 CITY-ST-ZIP NAPLES FL 34108

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

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

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

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

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

941-430-5224

Date

Daytime Phone #

CR2E037 (1/98)