

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N48882 (7)			
1. Corporation Name NAPLES AREA TOURISM BUREAU, INC.			
Principal Place of Business 3620 TAMiami TR N NAPLES FL 33940		Mailing Address 3620 TAMiami TR N NAPLES FL 34103-3705	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent COLEMAN, J. MICHAEL 3174 E TAMiami TR NAPLES FL 33962		10. Name and Address of New Registered Agent 81 Name Judy Keller 82 Street Address (P.O. Box Number is Not Acceptable) 3620 N. Tamiami Trail 83 84 City Naples FL 85 Zip Code 34103	
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 Judy Keller, Executive Director DATE 4-30-97			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DV	HONEYCUTT, SUKIE	7011 SANDALWOOD LANE	NAPLES FL
DV	CANDITO, JOSEPH P	2540 11TH CIR	NAPLES FL
DP	REYNOLDS, ALAN D.	5440 12TH AVENUE SW	NAPLES FL
DV	CAMMARATA, JOHN W.	2540 11TH CIRCLE	NAPLES FL
DT	PEACOCK, ROBERT V	2149 PINWOODS CIR	NAPLES FL
DM	KELLER, JUDY A.	406 GOFLVIEW DRIVE	NAPLES FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Judy Keller			



CR2E037 (9/96)