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Oct 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48882** (7)

1. Corporation Name

NAPLES AREA TOURISM BUREAU, INC.

Principal Place of Business

Mailing Address

**3620 TAMiami TR N
NAPLES FL 33940**

**3620 TAMiami TR N
NAPLES FL 33940**



3. Date Incorporated or Qualified

05/11/1992

4. FEI Number

65-0342023

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**KELLER, JUDY
3620 N TAMiami TRAIL
NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name

Krier, Elinor V.

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 **Elinor V. Krier, Interim President**

Elinor V. Krier

9-21-98

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	DV	<input checked="" type="checkbox"/> DELETE
NAME	HONEYCUTT, SUKIE	
STREET ADDRESS	7011 SANDALWOOD LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CANDITO, JOSEPH P	
STREET ADDRESS	2540 11TH CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, ALAN D.	
STREET ADDRESS	5440 12TH AVENUE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CAMMARATA, JOHN W.	
STREET ADDRESS	2540 11TH CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PEACOCK, ROBERT V	
STREET ADDRESS	2149 PINWOODS CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	KELLER, JUDY A.	
STREET ADDRESS	3620 N TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	V. Carleton Case	
1.3 STREET ADDRESS	955 Tenth Ave. No.	
1.4 CITY-ST-ZIP	Naples, FL 34101-3013	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael A. Coleman	
2.3 STREET ADDRESS	365 Fifth Ave. So.	
2.4 CITY-ST-ZIP	Naples, FL 34102	
3.1 TITLE	T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David A. Weston	
3.3 STREET ADDRESS	3106 So. Horseshoe Dr.	
3.4 CITY-ST-ZIP	Naples, FL 34104	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Terri L. Douglas	
4.3 STREET ADDRESS	4500 Exchange Ave.	
4.4 CITY-ST-ZIP	Naples, FL 34104	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert V. Peacock	
5.3 STREET ADDRESS	999 Ninth St. So. #109	
5.4 CITY-ST-ZIP	Naples, FL 34102-8200	
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Elinor V. Krier	
6.3 STREET ADDRESS	3620 N. Tamiami Trail	
6.4 CITY-ST-ZIP	Naples, FL 34103	

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.

SIGNATURE:

Elinor V. Krier

9/21/98

941-262-1676

CR2E037 (10/97)