## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

N93000001751 (7) DOCUMENT #

Principal Place of Business Mailing Address 3150 GREEN DOLPHIN LANE 3150 GREEN DOLPHIN LANE NAPLES FL 33940 NAPLES FL 33940 Date Incorporated or Qualified 04/19/1993 3a. Date of Last Report 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEL 'umber Applied For 21 65-04/6813 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THOMAS, CONROY 82 Street Address (P.O. Box Number is Not Acceptable) 975 6TH AVENUE SOUTH NAPLES FL 33940 83 84 City 65 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 it applicable. (NOTE: Ricgistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition LONGE, PATRECK J. DRACKETT, BOLTON S NAME 12 NAME 3150 GREEN DOLPHIN LN 850 PARK SHORE DR. \$ 203 STREET ADDRESS 13 STREET ADDRESS NAPLES FL CITY-ST-ZIP ルヘタレデャ アレ ろろタ40 1.4 CITY-ST-ZIP DV TITLE DELETE 21 TITLE Addition ☐ Change WELLSON, GEORGE OTT, R. C NAME 2.2 NAME NORTH ADAMS ST. 1784 ALAMANDA DR STREET ADDRESS 515 1 2 3 STREET ADDRESS NAPLES FL CITY-ST-ZIP TAWAHASSEE FL 32300' 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Addition MCCABE, CHARLES L NAME 3.2 NAME 455 15TH AVE SOUTH STREET ADDRESS

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

33 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY - ST - ZIP

4.4 CITY - \$T - ZIP

3 4. CITY - ST - ZIP

4.1 TITLE

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

NAPLES FL

LYTTON, GARY

OTT. BARRETT C

375 8TH AVE SOUTH, APT. B

10 SHELL RD

NAPLES FL

NAPLES FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR SIRECTOR

DELETE

DELETE

DELETE

Change

Change

Change

☐ Addition

■ Addition

Addition

(12/95)**CR2E037**