

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000003193 (0)

1. Corporation Name

COLLIER COUNTY JUVENILE JUSTICE COUNCIL, INC.



Principal Place of Business

Mailing Address

C/O PASSIDOMD. KATHLEEN C  
2640 GOLDEN GATE PKWY., SUITE 315  
NAPLES FL 33942  
US

C/O KATHLEEN C PASSIDOMO ESO  
2640 GOLDEN GATE PKWY. SUITE 315  
NAPLES FL 33942  
US

3. Date Incorporated or Qualified

07/16/1993

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0482371

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASSIDOMO, KATHLEEN C  
2640 GOLDEN GATE PKY  
SUITE 315  
NAPLES FL 33942

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS PASSIDOMO, KATHLEEN C ESO  
CITY-ST-ZIP 2640 GOLDEN GATE PARKWAY, SUITE 315  
NAPLES FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS BUSH, LEE  
CITY-ST-ZIP 740 110TH AVENUE NORTH  
NAPLES FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME T  
STREET ADDRESS MORRIS, TOM DR  
CITY-ST-ZIP 3710 ESTEY AVE  
NAPLES FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
STREET ADDRESS BARTON, PAT  
CITY-ST-ZIP 605 PALM CIRCLE EAST  
NAPLES FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME D  
STREET ADDRESS ~~BLANCK, WILLIAM D HON~~  
CITY-ST-ZIP 3301 TAMiami TRAIL E  
NAPLES FL

1.5 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
STREET ADDRESS BROCK, JERRY  
CITY-ST-ZIP 3301 TAMiami TRAIL E  
NAPLES FL

1.6 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Kathleen C. Passidomo, President

4/8/96

(941) 261-3453

Date

Daytime Phone #

CR2E037 (12/95)