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FILED
May 15 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 # **N93000003193 (0)**

1. Corporation Name

COLLIER COUNTY JUVENILE JUSTICE COUNCIL, INC.



Principal Place of Business C/O PASSIDOMO, KATHLEEN, C 2640 GOLDEN GATE PKWY., SUITE 315 NAPLES FL 33942 US	Mailing Address C/O KATHLEEN C PASSIDOMO ESO 2640 GOLDEN GATE PKWY, SUITE 315 NAPLES FL 33942 US
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3. Date Incorporated or Qualified
07/16/1993

4. FEI Number
65-0482371

Applied For
☐ Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PASSIDOMO, KATHLEEN C
2480 GOLDEN GATE PKY
SUITE 315
NAPLES FL 34105**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE **PD** ☐ DELETE
NAME **BARTON, PAT**
STREET ADDRESS **605 PALM CIRCLE EAST**
CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ DELETE
NAME **GARDINO, GAL Nocera, John**
STREET ADDRESS **3301 TAMiami TRAIL EAST 725 gm sr 50**
CITY-ST-ZIP **NAPLES FL Naples, FL 34102**

TITLE **TD** ☐ DELETE
NAME **ELLIS, SHERRI**
STREET ADDRESS **5450 YMCA ROAD**
CITY-ST-ZIP **NAPLES FL**

TITLE **SD** ☐ DELETE
NAME **ARTHUR, MELBA Bates, Jean**
STREET ADDRESS **6075 GOLDEN GATE PARKWAY**
CITY-ST-ZIP **NAPLES FL**

TITLE **EX-officio** ☐ DELETE
NAME **Passidomo, Kathleen C.**
STREET ADDRESS **2640 Golden Gate Pkwy**
CITY-ST-ZIP **Naples, FL 34105**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 recorder 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]

4/30/98

CP2E037 (10/97)