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05-10-1999 90038 033 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003193

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34105 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34105 Country

3. Date Incorporated or Qualified

07/16/1993

4. FEI Number

65-0482371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C
2460 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

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

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

TITLE VD
NAME NOCERA, JOHN
STREET ADDRESS 735 8TH ST S
CITY-ST-ZIP NAPLES FL 34102 ☐ DELETE

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

TITLE SD
NAME BATES, JEAN *Graf, Robin*
STREET ADDRESS 6075 GOLDEN GATE PARKWAY
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE EO
NAME PASSIDOMO, KATHLEEN C.
STREET ADDRESS 2640 GOLDEN GATE PKWY
CITY-ST-ZIP NAPLES FL 34105 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PD
Franklin Baker, Franklin
3301 East Tamiami Trail
Naples, FL 34112

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

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 (941)261-3453

CR2E037 (11/98)