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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N93000005477 (5)**

1. Corporation Name

COLLIER COUNTY ASSOCIATION FOR THE BLIND, INC.

Principal Place of Business	Mailing Address
C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY NAPLES FL 33999	C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY NAPLES FL 34116-6901

3. Date Incorporated or Qualified: 11/30/1993
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0458413 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KNAUER, EDWARD B
501 GOODLETTE ROAD N
SUITE D-100
NAPLES FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTY, LILLIAN 4913 23RD AVE NAPLES FL 33999	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/C Eilers, Eileen 1189 Sixth Lane N. Naples, FL. 34102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, HELEN 954 GOODLETTE ROAD #334 NAPLES FL 33840	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D MAZZA, FRANK 2509 Citrus Lake Dr. #102 Naples, FL. 34109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OBLOY, CLARE 4400 17 PLACE SW NAPLES FL 33999	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P Bailey, Bill 4750 20th Place S.W. #B Naples, FL. 34116	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIGG, JAMES 410 6TH ST NE NAPLES FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D TARRANT, FRED 175 3rd St. S. Naples, FL. 34102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PELKA, JOHN 4930 14TH AVE. SW NAPLES FL 33999	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Geisinsclag, Cecilia 1829 MANDARIN [illegible] Road Naples, FL. 34102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHEEK, VIDA 5483 RATTLESNAKE HAMMOCK RD #301 NAPLES FL 33962	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D PANAGOS, Chuck 1460 Green Valley Circle #402 Naples, FL. 34104	☐ Change ☒ Addition

CR2E037 (9/96)

14. I do 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: [signature] President April 11, 1997 (941)649-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone # 0060193

COLLIER COUNTY ASSOCIATION FOR THE BLIND, INC.
1997 NON PROFIT CORPORATION ANNUAL REPORT
F.E.I. NUMBER: 65-0458413

Additional information for number 13.

Officers:

1.1	Title:	V
1.2	Name:	Rigg, James
1.3	Street Address:	410 6th St. N.E.
1.4	City-St-Zip:	Naples, Fl. 34120

1.1	Title:	V
1.2	Name:	Wilson, Joe
1.3	Street Address:	15116 Royal Fern Court #B101
1.4	City-St-Zip:	Naples, Fl. 34110

1.1	Title:	S
1.2	Name:	Carty, Lillian
1.3	Street Address:	4913 23rd Avenue
1.4	City-St-Zip:	Naples, Fl. 34116

1.1	Title:	T
1.2	Name:	Piper, Betty
1.3	Street Address:	2136 44th Terrace S.W.
1.4	City-St-Zip:	Naples, Fl. 34116