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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N93000005477**

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~~ 34116	C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY NAPLES FL ~~33999~~ 34116

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/30/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0458413 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	V	☒ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	CARR, ANN		1.2 NAME	MAZZA, JANE	
STREET ADDRESS	1779 CRAYTON RD		1.3 STREET ADDRESS	2509 Citrus Lake Dr., #102	
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-ZIP	Naples, FL 34109	
TITLE	D	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	LEWIS, HELEN		2.2 NAME	Bailey, Blanche	
STREET ADDRESS	954 GOODLETTE RD SUITE 124		2.3 STREET ADDRESS	641 105th Ave. N.	
CITY-ST-ZIP	NAPLES FL 34102		2.4 CITY-ST-ZIP	Naples, FL 34108	
TITLE	V	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	URI, NIKKI		3.2 NAME	Rigg, James	
STREET ADDRESS	656 102ND AVE N		3.3 STREET ADDRESS	410 6th St. N.E.	
CITY-ST-ZIP	NAPLES FL 34108		3.4 CITY-ST-ZIP	Naples, FL 34120	
TITLE	DC	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	OBLOY, CLARE		4.2 NAME	Ryan, Martha	
STREET ADDRESS	4400 17 PL SW		4.3 STREET ADDRESS	453 Goodlette Road # 337A	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	PANAEOS, CHUCK		5.2 NAME	Wentzel, Catherine	
STREET ADDRESS	1460 GREEN VALLEY CIR #402		5.3 STREET ADDRESS	811 Cape Haze Lane	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Naples, FL 34104	
TITLE	T	☒ DELETE	6.1 TITLE	P	☒ Change ☐ Addition
NAME	PIPER, BETTY		6.2 NAME	Bailey, Bill	change of address only
STREET ADDRESS	2136 44th Terrace S.W.		6.3 STREET ADDRESS	641 105th Avenue N.	
CITY-ST-ZIP	Naples, FL 34116		6.4 CITY-ST-ZIP	Naples, FL 34108	

CR2E037 (11/98)

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: Bill Bailey Bill Bailey President 4/12/99 649-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N93000005477

COLLIER COUNTY ASSOCIATION FOR THE BLIND, INC.
1999 NON PROFIT CORPORATION ANNUAL REPORT
F.E.I. NUMBER: 65-0458413

Additional information for number 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

Officers:

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

Directors:

1.1	Title:	D
1.2	Name:	Eilers, Eileen
1.3	Street Address:	1189 6th Lane N.
1.4	City-St-Zip:	Naples, Fl. 34102

1.1	Title:	D
1.2	Name:	Mazza, Frank
1.3	Street Address:	2509 Citrus Lake Dr. #102
1.4	City-St-Zip:	Naples, Fl. 34109

1.1	Title:	D
1.2	Name:	Tarrant, Fred
1.3	Street Address:	175 3rd Street S.
1.4	City-St-Zip:	Naples, Fl. 34102

1.1	Title:	D
1.2	Name:	Pelka, John
1.3	Street Address:	4930 14th Ave. S.W.
1.4	City-St-Zip:	Naples, Fl. 34116