


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90032 023 ****61.25

DOCUMENT # N93000005477 1. Entity Name COLLIER COUNTY ASSOCIATION FOR THE BLIND, INC.					
Principal Place of Business C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY NAPLES, FL 33999			Mailing Address C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY NAPLES, FL 33999		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KNAUER, EDWARD B 501 GOODLETTE ROAD N SUITE D-100 NAPLES, FL				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVEN, BETTY 4774 EUROPA DRIVE NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXX Delfino, Geraldine 3533 Winfred Dr. Row #3104 Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, HELEN 204 FURSE LAKE CIRCLE #2 NAPLES, FL 34104 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Boccuzzi, Anita 4 Ocean Blvd. Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, BETH 200 TURTLE LAKE CT #210 NAPLES, FL 34109 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENTI, Michael 7737 Jewel Lane #103 Naples, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCNIEL, CLAIRE 53 HIGH POINT CIRCLE #302 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINGHI, Dolly 184 Furse Lake Circle Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBLOY, CLARE 4400 17 PL SE NAPLES, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ferguson, Thomas 2877 Van Buren Avenue Naples, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WEISS, MARY LOU 2618 13TH ST. N. NAPLES, FL 34103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weaver, Robert 590 Neopolitan Way Naples, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Helen M. Smith 4/21/05 239-455-0606 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

400 223 78

COLLIER COUNTY ASSOCIATION FOR THE BLIND, INC.
2005 NON PROFIT CORPORATION UNIFORM BUSINESS REPORT
DOCUMENT NO.: N93000005477
F.E.I. NO.: 65-0458413

Additional information for number 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

Officers

1.1	Title:	T
1.2	Name:	Kirk, Ann
1.3	Street Address:	752 Lambton Lane
1.4	City-St-Zip	Naples, FL 34104