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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001247 (5)

1. Corporation Name

COLLIER COUNTY GUARDIAN AD LITEM ADVISORY BOARD,
INC.

Principal Place of Business

Mailing Address

COLLIER COUNTY COURTHOUSE
3301 TAMiami TRAIL EAST
NAPLES FL 33962COLLIER COUNTY COURTHOUSE
3301 TAMiami TRAIL EAST
NAPLES FL 34112-49613. Date Incorporated or Qualified
03/11/19943a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

34112

25

29

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4. FEI Number
65-0412008Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANDY, KAREN
3301 TAMiami TRAIL EAST
COLLIER COUNTY COURTHOUSE
NAPLES FL 33962

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

34112

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: *Karen Landy* *Karen Landy, Collier County Coordinator, 02/06/97*
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	FELDMAN, MICHAEL	5551 RIDGEWOOD DR, SUITE 501	NAPLES FL	<input type="checkbox"/>
DV	RUCKER, ROBIN	4001 TAMiami TRAIL N	NAPLES FL	<input type="checkbox"/>
DS	MONAHAN, MAUREEN	796 FIFTH AVE S	NAPLES FL	<input type="checkbox"/>
DT	KOHAN, LISA	2911 TAMiami TRAIL N	NAPLES FL	<input checked="" type="checkbox"/>
D	ANDREWS, CAROL J	5425 26TH AVENUE SOUTHWEST	NAPLES FL 33999	<input checked="" type="checkbox"/>
D	DURSO, MARY ANN	891 PARTRIDGE COURT	MARCO ISLAND FL 33937	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DC				<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	MONAHAN, MAUREEN	2400 NORTH TAMiami TRAIL	NAPLES, FL 34103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	JUDY SCHWARTZ	9225 The Lane	Naples, FL 34109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DS	REBECCA STARR	3003 NORTH TAMiami TRAIL	NAPLES, FL 34103	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DS	JACKIE STEPHENS	1034 SIXTH AVENUE North	Naples, FL 34102	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Michael Feldman* 1-15-97 9445141000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060004

CR2E037 (9/96)