

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 07 1996 8:00 am
Secretary of State

DOCUMENT # **N94000003086 (5)**

1. Corporation Name

JUNIOR ACHIEVEMENT OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**1250 TAMAMI TRAIL
207
NAPLES FL 33940
US**

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207
NAPLES FL 33940
US**

3. Date Incorporated or Qualified

06/17/1994

3a. Date of Last Report

07/10/1995

4. FEI Number

65-0503084

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKIN, MARY
1250 TAMAMI TRAIL
SUITE 305
NAPLES FL 33940**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☒ DELETE
NAME **NICHOLS, JERRY F**
STREET ADDRESS **720 GOODLETTE ROAD**
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE **CD** ☐ Change ☒ Addition
1.2 NAME **HALE, KEVIN**
1.3 STREET ADDRESS **12730 NEW BRITTANY BLVD**
1.4 CITY-ST-ZIP **FT. MYERS, FL 33907**

TITLE **VCD** ☒ DELETE
NAME **HALE, KEVIN S FLORIDA**
STREET ADDRESS **12730 NEW BRITTANY BLVD**
CITY-ST-ZIP **FT. MYERS FL**

2.1 TITLE **VCD** ☐ Change ☒ Addition
2.2 NAME **BUDDY BRUNKER**
2.3 STREET ADDRESS **PO Box 2477**
2.4 CITY-ST-ZIP **NAPLES, FL 33939**

TITLE **TD** ☒ DELETE
NAME **TUTTLE, BETH C**
STREET ADDRESS **2000 MAIN STREET #600**
CITY-ST-ZIP **FT. MYERS FL**

3.1 TITLE **TD** ☐ Change ☒ Addition
3.2 NAME **TUTTLE, BETH C**
3.3 STREET ADDRESS **2000 MAIN ST #600**
3.4 CITY-ST-ZIP **FT. MYERS, FL 33901**

TITLE **SEC** ☒ DELETE
NAME **BRUNKER, BUDDY S**
STREET ADDRESS **P.O. BOX 2477 NA**
CITY-ST-ZIP **NAPLES FL**

4.1 TITLE **SEC** ☐ Change ☒ Addition
4.2 NAME **COLLIER, BARRY**
4.3 STREET ADDRESS **2600 GOLDEN GATE PKWY**
4.4 CITY-ST-ZIP **NAPLES, FL 33940**

TITLE **CD** ☒ DELETE
NAME **GARBO, JOHN S**
STREET ADDRESS **9220 BONITA BEACH ROAD #102**
CITY-ST-ZIP **BONITA SPRINGS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **PRES** ☒ DELETE
NAME **WILKIN, MARY**
STREET ADDRESS **1250 N TAMAMI TRAIL, SUITE 207**
CITY-ST-ZIP **NAPLES FL**

6.1 TITLE **PRES** ☐ Change ☒ Addition
6.2 NAME **WILKIN, MARY**
6.3 STREET ADDRESS **1250 TAMAMI TRAIL N. #207**
6.4 CITY-ST-ZIP **NAPLES, FL 33940**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mary C. Wilkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY C. WILKIN 7/31/96 941649-6066
Date Daytime Phone #

CR2E037 (3/96)