

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

DOCUMENT # N94000004936 (0)

1. Corporation Name

THE NSFRE EVERGLADES CHAPTER, INC.



Principal Place of Business

Mailing Address

% NCH COMMUNITY RELATIONS
350 7TH ST., NORTH
NAPLES FL 33940

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350 7TH ST., NORTH
NAPLES FL 33940

3. Date Incorporated or Qualified
10/04/1994

3a. Date of Last Report
08/04/1995

4. FEI Number
65-0470229

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 Zip Country

29 Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LANTZY, EARL JR
4082 BELAIR LANE
NAPLES FL 33940

81 Name Bingham, James G

82 Street Address (P.O. Box Number is Not Acceptable)
% NCH - 350-7th Street

83

84 City Naples

85 Zip Code FL 33940

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

James G. Bingham

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME LANTZY, EARL JR
STREET ADDRESS 4082 BELAIR LANE #13
CITY-ST-ZIP NAPLES FL 33940

TITLE VPD ☒ DELETE
NAME BINGHAM, JAMES G
STREET ADDRESS % NCH, 350 7TH ST
CITY-ST-ZIP NAPLES FL 33940

TITLE SD ☒ DELETE
NAME RUSHFORD, CARL L
STREET ADDRESS % NCH, 350 7TH ST
CITY-ST-ZIP NAPLES FL 33940

TITLE TD ☒ DELETE
NAME MORSE, ROBERT T
STREET ADDRESS 6612 ILEX CIRCLE
CITY-ST-ZIP NAPLES FL 33942

TITLE VPD ☒ DELETE
NAME WOLIVER, SALLY M
STREET ADDRESS 5370 6TH AVE SW
CITY-ST-ZIP NAPLES FL 33999

TITLE D ☒ DELETE
NAME ARNOLD, KADY
STREET ADDRESS 5867 WHITTAKER RD
CITY-ST-ZIP NAPLES FL 33941

1.1 TITLE PD
1.2 NAME Bingham, James G.
1.3 STREET ADDRESS % NCH 350-7th Street
1.4 CITY-ST-ZIP Naples, FL 33940

2.1 TITLE VPD
2.2 NAME Kenneth A. Wilborn
2.3 STREET ADDRESS YMCA - 5450 YMCA Road
2.4 CITY-ST-ZIP Naples, FL 33942

3.1 TITLE SD
3.2 NAME Diane F. Bennett
3.3 STREET ADDRESS Diabetes Fdn. - 850-6th Ave. N.
3.4 CITY-ST-ZIP Naples, FL 33940

4.1 TITLE TD
4.2 NAME Betsy Arce
4.3 STREET ADDRESS The Immokalee Fdn. - 3001 Tamiami Tr. N. # 201
4.4 CITY-ST-ZIP Naples, FL 33940

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James G. Bingham June 04/96 941-436 5377
Daytime Phone #

0013647

CR2E037 (3/96)