## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVIDION OF CORDODATIONS

	1998	.,,	y of State CORPORATIONS	Secret	ary of State
1. Corporatio	ALL (ABI) IO	0005075 (5)			
DUCH	ARME FOUNDATION, INC.			1 3 <b>6 6 13 16 16 16 16 16 16 16 16 16 16 16 16 16</b> 16 16 16 16 16 16 16 16 16 16 16 16 16	i Ada)i Adali Adali Alahi Adala Jades alah 1881
Principal Plac	e of Business	Mailing Address			
					·····
NAPLES FL 34		7401 BAY COLONY DRIVE NAPLES FL 33963		<ul> <li>3. Date Incorporated or Qualified</li> <li>10/24/1995</li> <li>4. FEI Number</li> <li>65-0619839</li> </ul>	Applied For Not Applicable
2. Principal P	Piace of Business	2a. Mailing Address			\$8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State	Α	City & State		Trust Fund Contribution	Added to Fees
23	•	28		7. Is this nonprofit corporation a h	nomeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has pr	<del></del>
24	25	29	30	Personal Property Tax due June	_ ` \ `
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Ro	egistered Agent
			81 Name		
GARLICK, THOMAS B			B2 Street Add	Iress (P.O. Box Number is Not Accepta	ble)
8889 PELICAN BAY BLVD			00		
STE. 30	-		83		
NAPLES	FL 34108		84 City		85 Zip Code
11 Purculant	to the provisions of Sections 617 050:	2 and 617 1500 Florida Diatuta			FL 69 Zip Code
office or r	egistered agont, or both, in the State	of Florida. Such change was a	uthorized by the corpora	poration submits this statement for the ition's board of directors. I hereby acce	purpose of changing its registered upt the appointment as registered
agent. ra	m familiar with, and accept the obliga	ations of, Section 617.0503, Flo	rida Statutes.		
SIGNATURE .	Signature, typod or printed name of registered agei	nt and title it applicable (NOTE	: Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	DUCHARME, DUANE E		1.2 NAME		
STREET ADORESS	7401 BAY COLONY DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY - ST - ZIP		
TITLE	D DIOLEDIE ANOLUE A	☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	206 RIVER REACH ROAD, AP NAPLES FL	1-3/6	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY - ST - ZIP 3.1 TiTLE		Change Addition
NAME	DUCHARME, BONNIE L	pa beerie	3.2 NAME		Change Addition
STREET ADDRESS	7401 BAY COLONY DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	DUCHARME, GREGGORY A		4.2 NAME		
STREET ADORESS	7401 BAY COLONY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WAYNE IN		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		
TITLE NAME		T DECEIE	6.1 TITLE		Change Addition
			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. 1 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.

C/1/68

**FILED** 

Jun 01 1998 8:00am