

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90069 022 ****61.25

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1. Corporation Name

COLLIER COUNTY FRIENDS OF EXTENSION, INC.

Principal Place of Business

14700 IMMOKALEE ROAD
NAPLES FL 34120

Mailing Address

14700 IMMOKALEE ROAD
NAPLES FL 34120

877-829-5500



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number 65 0083472

APPLIED FOR

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

9. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C
2640 GOLDEN GATE PARKWAY
SUITE 315
NAPLES FL 34105

10. Name and Address of New Registered Agent

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

TITLE D ☒ DELETE

NAME CAWLEY, BARBARA
STREET ADDRESS 3200 BAILEY LANE SUITE 200
CITY-ST-ZIP NAPLES FL 34105

TITLE D ☒ DELETE

NAME RICHTER, GARRETT
STREET ADDRESS 900 OODLETTE ROAD NORTH
CITY-ST-ZIP NAPLES FL 34102

TITLE D ☐ DELETE

NAME MUNOZ, NELSON
STREET ADDRESS 4901 N TAMIAMI TRAIL
CITY-ST-ZIP NAPLES FL 34103

TITLE D ☐ DELETE

NAME PASSIDOMO, KATHLEEN C
STREET ADDRESS 2640 GOLDEN GATE PKWY., SUITE 315
CITY-ST-ZIP NAPLES FL 34105

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition

1.2 NAME DENISE LUTAN BLANTON
1.3 STREET ADDRESS 14700 IMMOKALEE RD
1.4 CITY-ST-ZIP NAPLES FL 34120

2.1 TITLE CHAIRMAN ☐ Change ☒ Addition

2.2 NAME CEPUS GRIER
2.3 STREET ADDRESS 1322 SILVERSTRAND DR
2.4 CITY-ST-ZIP NAPLES FL 34110

3.1 TITLE TREASURER ☐ Change ☒ Addition

3.2 NAME BRIAN HAFENBRACK
3.3 STREET ADDRESS 900 GOODLETTE RD
3.4 CITY-ST-ZIP NAPLES FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENISE LUTAN BLANTON

Date

Daytime Phone #

5/1/99 9413534244

CR2E037 (11/98)