

FILE NQW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90075 023 ****61.25

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1. Corporation Name

COLLIER COUNTY LEGAL AID SOCIETY, INC.

119090 - 90075 - 23

Principal Place of Business

3301 TAMiami TRAIL E., BLDG. L. 5TH FLOOR
NAPLES FL 34112

Mailing Address

3301 TAMiami TRAIL E., BLDG. L. 5TH FLOOR
NAPLES FL 34112



2. Principal Place of Business

21 **2681 Airport Pulling Rd.**

Suite, Apt. #, etc.

22 **C101**

City & State

23 **Naples, FL**

Zip

24 **34112**

Country

25 **U.S.A.**

2a. Mailing Address

26 **2681 Airport Pulling Rd.**

Suite, Apt. #, etc.

27 **C101**

City & State

28 **Naples, FL**

Zip

29 **34112**

Country

30 **U.S.A.**

3. Date Incorporated or Qualified

12/12/1997

4. FEI Number

65-0807648

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

PILON, JAMES A
3301 TAMiami TRAIL E., BLDG. L. 5TH FLOOR
NAPLES FL 34112

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 **PD** ☐ DELETE

NAME **BURZYNSKI, JILL**
STREET ADDRESS **6617 MILL RUN CIRCLE**
CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ DELETE

NAME **RIDDLE, MELINDA**
STREET ADDRESS **3841 31ST AVE. SW**
CITY-ST-ZIP **NAPLES FL**

TITLE **SD** ☐ DELETE

NAME **GREIDER, CHRISTINE**
STREET ADDRESS **207 BAY PT.**
CITY-ST-ZIP **NAPLES FL**

TITLE **TD** ☐ DELETE

NAME **GEHRKE, CHARLES**
STREET ADDRESS **22099 HOLLY LANE**
CITY-ST-ZIP **BONITA SPRINGS FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

27099 Holly Ln.
Bonita Springs, FL 34135

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 REQUIRED

1/18/99

Date

941-434-8557

Daytime Phone #

CR2E037 (11/98)