

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000002155 ✓

1. Corporation Name

THE RED RIBBON COALITION OF COLLIER COUNTY, INC.

Principal Place of Business

2806 SOUTH HORSESHOE DRIVE
NAPLES FL 34104

Mailing Address

2806 SOUTH HORSESHOE DRIVE
NAPLES FL 34104

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90004 014 ****61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6075 Golden Gate Pkwy		26 6075 Golden Gate Pkwy		04/13/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		Applied For	
City & State		City & State		Not Applicable	
23 Naples FL		28 Naples FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 34116 25 Collier		29 34116 30 Collier			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WAGSTAFF, REGINA 2806 SOUTH HORSESHOE DRIVE NAPLES FL 34104				81 Name SARA HICKS	
				82 Street Address (P.O. Box Number is Not Acceptable) 6075 Golden Gate Pkwy	
				83	
				84 City Naples FL 85 Zip Code 34116	
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 SARA N. HICKS				DATE 7/13/99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WAGSTAFF, REGINA	1.2 NAME	Sara Hicks
STREET ADDRESS	2806 SOUTH HORSESHOE DRIVE	1.3 STREET ADDRESS	6075 Golden Gate Pkwy
CITY-ST-ZIP	NAPLES FL 34104	1.4 CITY-ST-ZIP	Naples FL 34116
TITLE	VPD	2.1 TITLE	
NAME	TROESCH, ROBERT	2.2 NAME	
STREET ADDRESS	2210 SANTA BARBARA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	MATTERA, FRANK	3.2 NAME	
STREET ADDRESS	3301 EAST TAMiami TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	MEEDS, REBECCA	4.2 NAME	
STREET ADDRESS	2806 SOUTH HORSESHOE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

SARA N. HICKS 7/13/99 941 455 1031 61504

CR2E037 (5/99)