

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90020 013 ****61.25

DOCUMENT # **N98000005983**

1. Corporation Name

NAPLES WOMEN IN TRANSITION, INC.

Principal Place of Business

P.O. BOX 770279
NAPLES FL 34107-0279

Mailing Address

P.O. BOX 770279
NAPLES FL 34107-0279

486750 - 90020 - 13



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3538025	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

CLASP INC.
3001 N. TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CAMP, MARGARET K 656 BRIDGEWAY LANE NAPLES FL 34108-2735	1.1 TITLE	D RUSSELL, DEBORAH L. 2667 LAKEVIEW DRIVE NAPLES, FL 34112
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD WRIGHT, SALLIE 713 NATHAN HALE DRIVE NAPLES FL 34108	2.1 TITLE	D ROZ TRAVIS 121 COLONADE CIRCLE, NAPLES, FL 34108
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD DALIS, CONNIE 400 5TH AVENUE SOUTH NAPLES FL 34102	3.1 TITLE	D SHIRLENE ELKINS 7583 BAY COLONY, NAPLES, FL 34108
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D VANARSDALE, KAREN 550 5TH AVENUE SOUTH NAPLES FL 34102	4.1 TITLE	D MARILYN VARCOE 300 L'AMBIANCE CIR. #203 NAPLES, FL 34108
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D RUSSELL, DEBORAH L 3001 TAMiami TRAIL NORTH NAPLES FL 34103	5.1 TITLE	D PATRICIA CARPENTER 2060 GORDON DR., NAPLES, FL 34102
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D CAIRNS COY, NINA 3400 GULF SHORE BLVD. N #J-1 NAPLES FL 34103	6.1 TITLE	D NINA COY 3400 GULF SHORE BLVD. N. #J-1 NAPLES, FL 34103
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 #

CR2E037 (1/198)