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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000005983

1. Corporation Name
NAPLES WOMEN IN TRANSITION, INC.

486750 - 90020 - 13

Principal Place of Business Mailing Address
 P.O. BOX 770279 P.O. BOX 770279
 NAPLES FL 34107-0279 NAPLES FL 34107-0279



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/20/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3538025	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CLASP INC. 3001 N. TAMiami TRAIL NORTH, 4TH FLOOR NAPLES FL 34103				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
					FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMP, MARGARET K	1.2 NAME	RUSSELL, DEBORAH L.
STREET ADDRESS	656 BRIDGEWAY LANE	1.3 STREET ADDRESS	2667 LAKEVIEW DRIVE
CITY-ST-ZIP	NAPLES FL 34108-2735	1.4 CITY-ST-ZIP	NAPLES, FL 34112
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, SALLIE	2.2 NAME	ROZ TRAVIS
STREET ADDRESS	713 NATHAN HALE DRIVE	2.3 STREET ADDRESS	121 COLONADE CIRCLE, NAPLES, FL 34108
CITY-ST-ZIP	NAPLES FL 34108	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALIS, CONNIE	3.2 NAME	SHIRLENE ELKINS
STREET ADDRESS	400 5TH AVENUE SOUTH	3.3 STREET ADDRESS	7583 BAY COLONY, NAPLES, FL 34108
CITY-ST-ZIP	NAPLES FL 34102	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANARSDALE, KAREN	4.2 NAME	MARILYN VARCOE
STREET ADDRESS	550 5TH AVENUE SOUTH	4.3 STREET ADDRESS	300 L'AMBIANCE CIR. #203
CITY-ST-ZIP	NAPLES FL 34102	4.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, DEBORAH L	5.2 NAME	PATRICIA CARPENTER
STREET ADDRESS	3001 TAMiami TRAIL NORTH	5.3 STREET ADDRESS	2060 GORDON DR., NAPLES, FL 34102
CITY-ST-ZIP	NAPLES FL 34103	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIRNS COY, NINA	6.2 NAME	NINA COY
STREET ADDRESS	3400 GULF SHORE BLVD. N #J-1	6.3 STREET ADDRESS	3400 GULF SHORE BLVD. N. #J-1
CITY-ST-ZIP	NAPLES FL 34103	6.4 CITY-ST-ZIP	NAPLES, FL 34103

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 4/28/99 Date 941-649-3648 Daytime Phone #

CR2E037 (1/198)