

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704053 (8)

1. Corporation Name

COLLIER COUNTY JUNIOR DEPUTIES LEAGUE, INC.



Principal Place of Business: COLLIER CO. SHERIFF'S DEPT. 3301 E. TAMiami TRAIL - BLDG. J NAPLES FL 33962
Mailing Address: COLLIER CO. SHERIFF'S DEPT. 3301 E. TAMiami TRAIL - BLDG. J NAPLES FL 33962

3. Date Incorporated or Qualified: 05/17/1962
3a. Date of Last Report: 02/09/1995
4. FEI Number: 59-1638443
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: HUNTER, DON, COLLIER COUNTY COURT HOUSE, NAPLES FL 33940
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to Sections 617.0302 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 the obligations of the registered agent under Section 617.0302, Florida Statutes.
SIGNATURE: [Signature] DATE: 21-MAR-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DT	NAME: OATES, EDWARD J	1.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 1321 SOLANA RD	CITY-ST-ZIP: NAPLES, FL 00000	1.2 NAME:	
TITLE: VD	NAME: SALLEY, SCOTT L	1.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 3301 E. TAMiami TRAIL - BLDGE. J.	CITY-ST-ZIP: NAPLES FL	1.4 CITY-ST-ZIP:	
TITLE: SD	NAME: PASSIDOMO, KATHLEEN C	2.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 800 LAUREL OAK DR	CITY-ST-ZIP: NAPLES FL	2.2 NAME:	
TITLE: D	NAME: VEGA, GEORGE	2.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 2660 AIRPORT RD	CITY-ST-ZIP: NAPLES, FL 00000	2.4 CITY-ST-ZIP:	
TITLE: D	NAME: CARROLL, RAYMOND	3.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 2500 AIRPORT RD S	CITY-ST-ZIP: NAPLES FL	3.2 NAME:	
TITLE: D	NAME: MORTON, ED	3.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: PO BOX 413029 NA	CITY-ST-ZIP: NAPLES FL	3.4 CITY-ST-ZIP:	
TITLE: D	NAME: MORTON, ED	4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: PO BOX 413029 NA	CITY-ST-ZIP: NAPLES FL	4.2 NAME:	
TITLE: D	NAME: MORTON, ED	4.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: PO BOX 413029 NA	CITY-ST-ZIP: NAPLES FL	4.4 CITY-ST-ZIP:	
TITLE: D	NAME: MORTON, ED	5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: PO BOX 413029 NA	CITY-ST-ZIP: NAPLES FL	5.2 NAME:	
TITLE: D	NAME: MORTON, ED	5.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: PO BOX 413029 NA	CITY-ST-ZIP: NAPLES FL	5.4 CITY-ST-ZIP:	
TITLE: D	NAME: MORTON, ED	6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: PO BOX 413029 NA	CITY-ST-ZIP: NAPLES FL	6.2 NAME:	
TITLE: D	NAME: MORTON, ED	6.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: PO BOX 413029 NA	CITY-ST-ZIP: NAPLES FL	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.
SIGNATURE: [Signature] DATE: 21 MAR 96

CR2E037 (12/95)