

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34112-4987
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3. Date Incorporated or Qualified 05/17/1962	3a. Date of Last Report 03/28/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1638443 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3301 E. TAMiami TRAIL - BLDG. J 83 84 City NAPLES 85 Zip Code FL 34112
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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 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 understand the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Don Hunter** DATE **3/7/97**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OATES, EDWARD J	1.2 NAME	EARL HODGES
STREET ADDRESS	1321 SOLANA RD	1.3 STREET ADDRESS	2140 COACHHOUSE LANE
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	NAPLES, FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLEY, SCOTT L	2.2 NAME	
STREET ADDRESS	3301 E. TAMiami TRAIL - BLDG. J.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSIDOMO, KATHLEEN C	3.2 NAME	
STREET ADDRESS	800 LAUREL OAK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, GEORGE	4.2 NAME	
STREET ADDRESS	2680 AIRPORT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, RAYMOND	5.2 NAME	
STREET ADDRESS	2500 AIRPORT RD S	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, ED	6.2 NAME	
STREET ADDRESS	PO BOX 413029 NA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I do 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.

Scott L. Salley 03/07/97

CR2E037 (9/96)