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FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 33962
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3. Date Incorporated or Qualified 05/17/1962	
4. FEI Number 59-1638443	Applied For <input type="checkbox"/> Not Applicable

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
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**HUNTER, DON
 3301 E TAMiami TRAIL BLDG J
 NAPLES FL 34112**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	DT OATES, EDWARD J 1321 SOLANA RD NAPLES, FL 00000 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DP Earl Hodges 2140 Coach House Lane Naples, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALLEY, SCOTT L 3301 E. TAMiami TRAIL - BLDGE. J. NAPLES FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Hank Krehling P. O. Box 10009, 2755 68th St. SW Naples, FL 34101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASSIDOMO, KATHLEEN C 800 LAUREL OAK DR NAPLES FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Aubrey Rogers 6228 Parkers Hammock Road Naples, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEGA, GEORGE 2660 AIRPORT RD NAPLES, FL 00000 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Paul Lindabury 380 10th Avenue South Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, RAYMOND 2500 AIRPORT RD S NAPLES FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DT OATES, EDWARD J 2935 Bellflower Lane NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, ED PO BOX 413029 NA NAPLES FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD PASSIDOMO, KATHLEEN C. 2640 GOLDEN GATE PARKWAY NAPLES, FL 34105

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 by attachment to this address.

SIGNATURE: *[Signature]* DON HUNTER 8 JAN 98 (941) 793-9203

CR2E087 (10/97)