

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90108 036 ****61.25

0064294

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 704053

1. Corporation Name

COLLIER COUNTY JUNIOR DEPUTIES LEAGUE, INC.

Principal Place of Business

COLLIER CO. SHERIFF'S Office
 3301 E. TAMiami TRAIL - BLDG. J
 NAPLES FL 34112

Mailing Address

COLLIER CO. SHERIFF'S Office
 3301 E. TAMiami TRAIL - BLDG. J
 NAPLES FL 34112



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

05/17/1962

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1638443

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNTER, DON
 3301 E TAMiami TRAIL BLDG J
 NAPLES FL 34112

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

[Signature]

[Signature]

19AP 99

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 DELETE

1.1 TITLE PD Change Addition

NAME OATES, EDWARD J
 STREET ADDRESS 2935 BELLFLOWER LANE
 CITY-ST-ZIP NAPLES, FL 00000 34105

1.2 NAME John R. Wood
 1.3 STREET ADDRESS 3255 Tamiami Trail
 1.4 CITY-ST-ZIP Naples, FL 34103

TITLE DELETE

2.1 TITLE VPD Change Addition

NAME SALLEY, SCOTT L
 STREET ADDRESS 3301 E. TAMiami TRAIL - BLDG. J.
 CITY-ST-ZIP NAPLES FL

2.2 NAME Paul Lindabury
 2.3 STREET ADDRESS 380 10th Street South
 2.4 CITY-ST-ZIP Naples, FL 34102

TITLE DELETE

3.1 TITLE D Change Addition

NAME PASSIDOMO, KATHLEEN C
 STREET ADDRESS 2640 GOLDEN GATE PARKWAY
 CITY-ST-ZIP NAPLES FL 34105

3.2 NAME Earl Hodges
 3.3 STREET ADDRESS 2140 Coach House Lane
 3.4 CITY-ST-ZIP Naples, FL 34103

TITLE DELETE

4.1 TITLE D Change Addition

NAME VEGA, GEORGE
 STREET ADDRESS 2680 AIRPORT RD
 CITY-ST-ZIP NAPLES, FL 00000

4.2 NAME Hank Krehling
 4.3 STREET ADDRESS 1425 Wiggins Pass Road
 4.4 CITY-ST-ZIP Naples, FL 34110

TITLE DELETE

5.1 TITLE D Change Addition

NAME CARROLL, RAYMOND
 STREET ADDRESS 2500 AIRPORT RD S
 CITY-ST-ZIP NAPLES FL

5.2 NAME Aubrey Rogers
 5.3 STREET ADDRESS 6228 Parkers Hammock Road
 5.4 CITY-ST-ZIP Naples, FL 34112

TITLE DELETE

6.1 TITLE D Change Addition

NAME MORTON, ED
 STREET ADDRESS PO BOX 413029 NA
 CITY-ST-ZIP NAPLES FL

6.2 NAME
 6.3 STREET ADDRESS
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 APRIL 1999 (41)775-1147

Date

Daytime Phone #

CR2E037 (11/98)