## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2005 8:00 am Secretary of State

DOCUMENT # N13429  1. Entity Name LEAGUE OF WOMEN VOTERS OF COLLIER COUNTY EDUCATION FUND, INC.							04-06-2005 90096 007 ****61.25				
P.O. BOX 9883			Mailing Address P.O. BOX 9883 NAPLES, FL 34101 US					• • • • • • • • • • • • • • • • • • •	= (SIE R S   3	211 81211 A)B(( B)2)( )	
2. Principal F	Place of Business	3. Mailing	3. Mailing Address								
Suite, Apt	#, etc.	Suite, A	Suite, Apt. #, etc.				02062005	Chg-NP	CR	2E037 (10/03	)
City & Sta	te	City &	City & State				4. FEI Numbe 59-265			$\vdash$	Applied For Not Applicable
Zip	Country Zip		Country		intry		5. Certificate of Status Desired			<b>\$8.75</b> A Fee Requi	
	6. Name and Address of Curren	t Registered A	gent				7. Name and	Address of Ne	w Registe	red Agent	
CLARK P	TATRICIA D				Name	ARJ	11182113	T 1006	≘R_	•	
	NADE CIRCLE			•	Street A	ddress (F	RJURIE J JODER ess (P.O. Box Number is Not Acceptable) BRROR LAKE DRIVE				
					<b>"</b> "	APL	ي چي				
-					City		FL Zip Code 34110				
	e named entity submits this statement fitions of registered agent.							th, in the State o			_
SIGNATURE Signature, typed or printed harme of registered adent and life if populicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OUT OF THE PROPERTY OF THE PROPER											•
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• .	Filing Fee is \$61.25 Due by May 1, 2005		9. Election Cam Trust Fund Co	paìgn F	inancing		\$5.00 May 8 Added to Fees	e F		neck payable	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D		3. Election Cam Trust Fund Co	paign Fontributi	inancing ion.		\$5.00 May 8 Added to Fees	e F	lorida De	partment of	State
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mayone 1. John MARJORIE & JOSER	4/02/05	239-513-9400.
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #