


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-06-2005 90096 007 \*\*\*\*61.25

<b>DOCUMENT # N13429</b> 1. Entity Name <b>LEAGUE OF WOMEN VOTERS OF COLLIER COUNTY EDUCATION FUND, INC.</b>					
Principal Place of Business P.O. BOX 9883 NAPLES, FL 34101 US			Mailing Address P.O. BOX 9883 NAPLES, FL 34101 US		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2659558</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CLARK, PATRICIA D 201 COLONADE CIRCLE NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name <b>MARJORIE J JODER</b> Street Address (P.O. Box Number is Not Acceptable) <b>409 BRADDAKE DRIVE</b> <b>NAPLES,</b> City <b>FL</b> Zip Code <b>34110</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>Marjorie J. Joder, TREASURER</u> DATE <u>4/02/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, SANDRA</b> <b>975 FOUNTAIN RUN</b> <b>NAPLES, FL 34119</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TT</b> <b>JODER, MARJORIE</b> <b>P.O. BOX 770-789</b> <b>NAPLES, FL 34107</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PIERCE, ALDA</b> <b>517 REDATTA ROAD</b> <b>NAPLES, FL 34103</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CROWLEY, SHEILAH</b> <b>2743 BUCKTHORN WAY</b> <b>NAPLES, FL 34105</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVR D</b> <b>SLEBODNIK, KATHLEEN</b> <b>32 PEBBLE BEACH BLVD.</b> <b>NAPLES, FL 34113</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP</b> <b>TODD, KATHERINE</b> <b>195 VINTAGE CIRCLE</b> <b>NAPLES, FL 34119</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, JANET</b> <b>337 EMERALD BAY CIRCLE H-2</b> <b>NAPLES, FL 34110</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RYAN, NICOLE</b> <b>1450 HERRIDGE DRIVE</b> <b>NAPLES, FL 34102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>Marjorie J. Joder</u> <b>MARJORIE J JODER</b> DATE <u>4/02/05</u> DAYTIME PHONE # <u>239-513-9400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					