

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90440 041 \*\*\*\*61.25

**DOCUMENT # N13429**

1. Entity Name  
**LEAGUE OF WOMEN VOTERS OF COLIER COUNTY  
EDUCATION FUND, INC.**



Principal Place of Business  
P.O. BOX 9883  
NAPLES, FL 34101 US

Mailing Address  
P.O. BOX 9883  
NAPLES, FL 34101 US

**50016034**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2659558**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JODER, MARJORIE J  
409 ARBOR LAKE DR  
NAPLES, FL 34110**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **BROWN, SANDRA**  
STREET ADDRESS **975 FOUNTAIN RUN**  
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **TT** ☐ Delete  
NAME **JODER, MARJORIE**  
STREET ADDRESS **P.O. BOX 770-789**  
CITY-ST-ZIP **NAPLES, FL 34107**

TITLE **D** ☒ Delete  
NAME **SMITH, JANET**  
STREET ADDRESS **337 EMERALD BAY CIR H-2**  
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **P D** ☐ Delete  
NAME **CROWLEY, SHEILAH**  
STREET ADDRESS **2743 BUCKTHORN WAY**  
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **2VP** ☐ Delete  
NAME **SLEBODNIK, KATHLEEN**  
STREET ADDRESS **32 PEBBLE BEACH BLVD.**  
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **D** ☐ Delete  
NAME **RYAN, NICOLE**  
STREET ADDRESS **1450 MERRIHGE DR**  
CITY-ST-ZIP **NAPLES, FL 34103**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition  
NAME **CHRIS STRATON**  
STREET ADDRESS **4260 MONTALVO COURT**  
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **S** ☐ Change ☒ Addition  
NAME **JERNETTE BOUCHER**  
STREET ADDRESS **5601 TURTLE BAY DRIVE HWY 03**  
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **1st VP** ☐ Change ☒ Addition  
NAME **SANDY PARKER**  
STREET ADDRESS **3035 MONALISA BLVD**  
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marjorie J. Joder Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06 239 513-9400  
Date Daytime Phone #

MARJORIE J JODER