

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90243 033 \*\*\*\*61.25

**DOCUMENT # N13429**

1. Entity Name

**LEAGUE OF WOMEN VOTERS OF COLLIER COUNTY EDUCATION FUND, INC.**



Principal Place of Business

**660 9TH ST. NORTH  
SUITE 35B  
NAPLES FL 34102  
US**

Mailing Address

**660 9TH ST. NORTH  
SUITE 35B  
NAPLES FL 34102  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2659558**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, PATRICIA D  
201 COLONADE CIRCLE  
NAPLES FL 34103**

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **1VT** ☒ Delete  
NAME **QUINN, JOANNE**  
STREET ADDRESS **P.O BOX 8142**  
CITY-ST-ZIP **NAPLES FL 34101**

TITLE **1UP** ☐ Change ☒ Addition  
NAME **NORTON, CONNIE**  
STREET ADDRESS **5300 TAMARIND RIDGE DR**  
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 **2UP** ☐ Change ☒ Addition  
NAME **PIERCE, ALDD**  
STREET ADDRESS **517 REGATTA ROAD**  
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **2VPT** ☒ Delete  
NAME **ROWE, ROSEMARIE H**  
STREET ADDRESS **2885 CITRUS LAKE DRIVE #301**  
CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE **P** ☐ Delete  
NAME **MACMILLAN, CLAIRE**  
STREET ADDRESS **14 SABLE CAY**  
CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE **S** ☒ Delete  
NAME **WOLFE, NANCY**  
STREET ADDRESS **12902 BOLD CYPRESS LANE**  
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **S** ☐ Change ☒ Addition  
NAME **STOREY DOLORES**  
STREET ADDRESS **15197 MAJORECA BAY DRIVE**  
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete  
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 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.

**MARJORIE JODER**

SIGNATURE:

*MARJORIE JODER*

**4/18/03 239-513-9400**

CR2E037 (10/02)