

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002170 (9)

1. Corporation Name

COLLIER COUNTY ADVANCED LIFE SUPPORT COMPETITION
TEAM INC.



Principal Place of Business

Mailing Address

580 97TH AVENUE N.
NAPLES FL 33963
US

580 97TH AVE. N.
NAPLES FL 33963
US

3. Date Incorporated or Qualified
05/10/1993

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 2067 RIVER RANCH DR.

26 2067 RIVER RANCH DR.

4. FEI Number
65-0413298

Applied For
Not Applicable

Suite, Apt. #, etc.

22 #411

Suite, Apt. #, etc.

27 #411

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 NAPLES, FLORIDA

City & State

28 NAPLES, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33942

Country

25 US

Zip

29 33942

Country

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, ERIC
580 97TH AVENUE NORTH
NAPLES FL 33963

81 Name

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

2067 RIVER RANCH DRIVE

83 #411

84 City

NAPLES

FL

85 Zip Code

33942

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

ERIC WATSON

Director

04-21-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MULLER, MARK
STREET ADDRESS 653 ASTARIAS CIRCLE
CITY-ST-ZIP FT. MYERS FL

TITLE D ☐ DELETE
NAME RENNE, SANDRA
STREET ADDRESS 580 97TH AVE N
CITY-ST-ZIP NAPLES FL

TITLE SD ☒ DELETE
NAME WILLIAMS, TONYA
STREET ADDRESS 3595 SANTIAGO WAY
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE
NAME WATSON, ERIC
STREET ADDRESS 4913 17TH PL SW
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME TODD COWLER
2.3 STREET ADDRESS 3310 TIMBERWOOD CIRCLE
2.4 CITY-ST-ZIP NAPLES, FLORIDA 33942

3.1 TITLE DIRECTOR ☐ Change ☒ Addition
3.2 NAME JORGE AGUILERA
3.3 STREET ADDRESS 3101 42ND STREET SW
3.4 CITY-ST-ZIP NAPLES, FLORIDA 33999

4.1 TITLE Director ☒ Change ☐ Addition
4.2 NAME ERIC WATSON
4.3 STREET ADDRESS 2067 RIVER RANCH DRIVE #411
4.4 CITY-ST-ZIP NAPLES, FLORIDA 33942

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Eric Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC WATSON

Director 04-21-96

Date

941 649 7024

Daytime Phone #

CR2E037 (12/95)