## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N93000002170 (9)

COLLIER COUNTY ADVANCED LIFE SUPPORT COMPETITION TEAM INC.

May	01	1998	8:00am
Sec	cret	ary of	State

**FILED** 

TEAM INC.						
Principal Place of Business Mailing Address			I INCUING DIE NOTOR INTEL ERVIN DONN REGIN CONTRIBE NEUT TOEN CONTRIBE			
5784 DEAVILLE CIR B-108 NAPLES FL 34112 US	5784 DEAVILLE CIR 8-109 Naples Fl 34112-283 US		3. Date Incorporated or Qualified  05/10/1993  4. FEI Number Applied For  65-0413298 Not Applicable			
2. Principal Place of Business	2a. Mailing Address		Certificate of Status Desired			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees			
City & State	City & State		7. Is this nonprofit corporation a homeowners association?			
Zip Country 25	Zip 30	Country	79 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No			
9. Name and Address of Curre	nt Registered Agent	Ţ.	10. Name and Address of New Registered Agent			
		81	1 Name			
WATSON, ERIC 5784 DEAVILLE CIR		82	Street Address (P.O. Box Number is Not Acceptable)			
B-108		83	3			
NAPLES FL 34112-7283		84	4 City FL 85 Zip Code			
<ol> <li>Pursuant to the provisions of Sections 617.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oble</li> </ol>	e of Florida. Such change was author	rized by	ve-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered es.			

SIGNATURE						
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re		required when reinstating) DAT		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE	1.1 TITLE	D/V	Change Change	Addition
NAME	MULLER, MARK		1.2 NAME	MARK MULLER	l	
STREET ADDRESS	653 ASTARIAS CIRCLE		1.3 STREET ADDRESS	734 AMBURN ATORES		
CITY-ST-ZW	FT. MYERS FL		1.4 CITY - ST - ZIP	Buttalo, N.Y. 14222		
TITLE	0	DELETE	2.1 TITLE	D _	☐ Change	Addition
NAME	RENNE, SANDRA		2.2 NAME	PATHICIL FERDIN		
STREET ADDRESS	580 97TH AVE N		2.3 STREET ADDRESS	134 34014 CIVINA SW	.4	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL 3410		
TITLE	0	DELETE	3.1 TITLE	<b>.</b>	☐ Change	☐ Addition
NAME	JORGE AGUILERA		3.2 NAME			
STREET ADDRESS	3101 42ND ST SW		3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.5 TITLE		☐ Change	Addition
NAME	WATSON, ERIC		4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		4.4 City-St-ZiP			
TITLE	D	DELETE	5.1 TITLE		☐ Change	■ Addition
NAME	TOOD COULTER		5.2 NAME			
STREET ADDRESS	3310 TIMBERWOOD CIR		5.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP			
TITLE	1 5	DELETE	6.1 TITLE	D/P	Change	☐ Addition
NAME	ERIC WATSON		6.2 NAME	ERIC WATSON STRY DEAUVILLE CIACLE B.	108	
STREET ADDRESS	2067 RIVER RENCH DR. 411	•	6.3 STREET ADDRESS		,-0	
_	I MARKED EL			ALABORES FLORIO 34113		

14. 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 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:

Cur leto

04.22.98

941.732.6460

CR2E037 (10/97)