


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000003874
 1. Entity Name
THE 15,000 COALITION, INC.



Principal Place of Business 1061 COLLIER CENTER WAY NAPLES, FL 34110	Mailing Address 1061 COLLIER CENTER WAY NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE



04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0710244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LESTER, DON E
 1061 COLLIER CENTER WAY
 NAPLES, FL 34110

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, GERARDO C 3380 24TH AVENUE SE NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIENEMANN, WILLIAM H 6131 PELICAN BAY BLVD. #11 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRES, NELSON 3550 EVERGLADES BLVD. NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANTONOWICZ, EDMUND W 631 SW 67 TERRACE PEMBROKE PINES, FL 330231546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESTER, DON 1061 COLLIER CENTER WAY NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/04/05-80126-016 81.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-29-05** 259-593-1600
 Daytime Phone #