

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704053

FILED
Jan 12, 2014
Secretary of State
CC7687550287

Entity Name: COLLIER COUNTY JUNIOR DEPUTIES LEAGUE, INC.

Current Principal Place of Business:

% COLLIER COUNTY SHERIFF
3301 TAMIAMI TRAIL EAST
NAPLES, FL 34112

Current Mailing Address:

P. O. BOX 1833
NAPLES, FL 34106

FEI Number: 59-1638443

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FREEMAN, VICTORIA M
1469 ST. CLAIR SHORE RD
NAPLES, FL 34104 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TD
Name FREEMAN, VICTORIA
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title SD
Name D'ORAZIO, DEBRA
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title VPD
Name LINDABURY, PAUL DIR
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title D
Name WOOD, JOHN R
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title PD
Name ARNOLD, WAYNE
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title D
Name WILLIAM, POTEET
Address C/O CCJDL, PO BOX 1833
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name COMBS, DENNIS
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name HOOK, WAYNE
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VICTORIA M. FREEMAN

TREASURER

01/12/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NORMAN, JOHN
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name RAMBOSK, KEVIN
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name TUFF, KAYDEE
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name MAXWELL, MICHAEL
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name TINNEY, BRIAN
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name PRIDDY, LIESA
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name STEPHEN, JILL
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name KISH, SHERRY
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name SALLEY, SCOTT
Address P. O. BOX 1833
City-State-Zip: NAPLES FL 34106