

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704053

**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

**Continues on page 2**

*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**

TD

02/23/2015

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