

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704053

**Entity Name:** COLLIER COUNTY JUNIOR DEPUTIES LEAGUE, INC.**Current Principal Place of Business:**3200 BAILEY LANE STE 199  
NAPLES, FL 34105**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:**KRIER, ELINOR V  
3200 BAILEY LANE  
SUITE 199  
NAPLES, FL 34105 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 SECRETARY, DIRECTOR  
Name TUFF, KAYDEE  
Address P. O. BOX 1833  
City-State-Zip: NAPLES FL 34106

Title VP, DIRECTOR  
Name LINDABURY, PAUL D  
Address P. O. BOX 1833  
City-State-Zip: NAPLES FL 34106

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

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

Title DIRECTOR  
Name POTEET, WILLIAM  
Address 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 RAMBOSK, KEVIN  
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

**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: BRIAN TINNEY****TREASURER****01/16/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name QUINBY, CLYDE "JEEP"  
Address P. O. BOX 1833  
City-State-Zip: NAPLES FL 34106

Title DIRECTOR  
Name COX, JEFF  
Address PO 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 KING, LESLIE H. III  
Address P. O. BOX 1833  
City-State-Zip: NAPLES FL 34106

Title DIRECTOR  
Name COEN, BARBARA  
Address PO BOX 1833  
City-State-Zip: NAPLES FL 34106

Title DIRECTOR  
Name DAVIS, TOM  
Address PO BOX 1833  
City-State-Zip: NAPLES FL 34106