

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704053

Entity Name: COLLIER COUNTY JUNIOR DEPUTIES LEAGUE, INC.

FILED
Jan 12, 2017
Secretary of State
CC1667328528

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

Title DIRECTOR
Name D'ORAZIO, DEBRA
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 WILLIAM, POTEET
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 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: WAYNE ARNOLD

PRESIDENT

01/12/2017

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 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, TREASURER
Name TINNEY, BRIAN
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