2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 12, 2006 8:00 am Secretary of State **DOCUMENT #704554** 01-12-2006 90195 023 ****61.25 COLLIER COUNTY HISTORICAL SOCIETY INC. Principal Place of Business Mailing Address 4UUV* PO BOX 201 137 12TH AVE. SOUTH NAPLES, FL 34102 NAPLES, FL 34106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 59-6166907 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURKE, BILL BOND, SCHOENECK & KING Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL NORTH, SUITE 250 NAPLES, FL 34103 Zip Code 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 alguature required when reinstating) DATE 9. Election Campaign Financing Fliing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 Change Addition TITLE 🔲 Deletê TITLE NAME : WINGARD, DONALD NAME 130 11TH AVE., S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition Fairbanks FAIRBANKS, KATHY NAME 13th Ave SW NAME STREET ADDRESS 177 WILWICK DRIVE STREET ADDRESS 34116 CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition MCDANIEL, BERTHA NAME NAME STREET ADDRESS 385 12TH AVE., S STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, DONALD C NAME STREET ADDRESS 250 SPRING LINE DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-7IP TITLE Delete TITLE Change □ Addition GAYNOR, LAVERN NAME NAME 266 15th Ave S STREET ADDRESS 800 ADMIRALTY PARADE STREET ADDRESS 34102 CITY-ST-ZIP NAPLES, FL 34102 CfTY+ST-ZiP TITLE Delete TITLE ☐ Change ■ Addition NAME SPRINKLE, JOHN NAME 1290 THIRD ST., S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102-CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED