2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State
02-08-2007 90049 010 ****61.25

DOCUMENT # 704554

1. Entity Name

COLLIER COUNTY HISTORICAL SOCIETY INC.

Principal Place of Business	Mailing Address
137 12TH AVE, SOUTH NAPLES FL 34102	PO BOX 201 NAPLES FL 34106

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6166907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURKE, BILL
BOND, SCHOENECK & KING
4001 TAMIAMI TRAIL NORTH, SUITE 250
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name BURKE, BILL
Street Address (P.O. Box Number is Not Acceptable) GOODLETTE, COLEMAN & JOHNSON, PA
4001 TAMIAMI TRAIL NORTH
City NAPLES FL Zip Code 34103

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.

ADDRESS CHANGE ONLY OF REGISTERED AGENT

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WINGARD, DONALD 130 11TH AVE., S. NAPLES FL 34102	☐ Delete	BM PARENT, MARY 53 BROAD AVE. S. NAPLES FL. 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FAIRBANKS, KATHY 4710 13TH AVE SW NAPLES FL 34116	☐ Delete	BM WALTERS, TED 24310 WOODSAGE DRIVE BONITA SPRINGS, FL. 34134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM MCDANIEL, BERTHA 385 12TH AVE., S NAPLES FL 34102	☐ Delete	BM MAYER, JOHN 505 13TH AVE S. NAPLES, FL. 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SMITH, DONALD C 250 SPRING LINE DRIVE NAPLES FL 34102	☒ Delete	VP SMITH, CHERRY NORTHERN TRUST BANK 375 FIFTH AVENUE SOUTH NAPLES, FL. 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM GAYNOR, LAVERN 266 15TH AVE. S NAPLES FL 34102	☐ Delete	BM STAHNKE, MARY LYNN 795 PORTSIDE DR NAPLES, FL. 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM SPRINKLE, JOHN 1290 THIRD ST., S. NAPLES FL 34102	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 1-29-07 239-262-6781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #