## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 704554**

FILED Mar 28, 2008 Secretary of State

Entity Name: COLLIER COUNTY HISTORICAL SOCIETY INC.

Current Principal Place of Business: New Principal Place of Business:

137 12TH AVE, SOUTH NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

PO BOX 201 NAPLES, FL 34106

FEI Number: 59-6166907 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURKE, BILL GOODLETTE, COLEMAN& JOHNSON, PA 4001 TAMIAMI TRAIL NORTH NAPLES, FL 34103 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:

- Flaterin Circular of Decides at Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition WINGARD, DONALD SMITH, CHERRY Name: Name: 130 11TH AVE., S. Address: 375 FIFTH AVENUE SOUTH Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102 Title: Title: (X) Change ( ) Addition ( ) Delete Name: FAIRBANKS, KATHY Name: WAKELIN, FRED Address: 4710 13TH AVE SW Address: 5174 KENSINGTON HIGH STREET City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34105

Title: BM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MCDANIEL, BERTHA
 Name:

 Address:
 385 12TH AVE., S
 Address:

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:

Title: BM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 PARENT, MARY
 Name:

 Address:
 53 BROAD AVE S
 Address:

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:

 Name:
 GAYNOR, LAVERN
 Name:

 Address:
 266 15TH AVE. S
 Address:

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:

Title: BM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SPRINKLE, JOHN
 Name:

 Address:
 1290 THIRD ST., S.
 Address:

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRED WAKELIN VP/T 03/28/2008