


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 713439	
1. Entity Name THE COLLIER FOUNDATION, INC.	

Principal Place of Business 801 LAUREL OAK DRIVE SUITE 618 NAPLES, FL 34108 US	Mailing Address 801 LAUREL OAK DRIVE SUITE 618 NAPLES, FL 34108 US
---	---



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0163703	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POLK, SAMUEL S 801 LAUREL OAK DR SUITE 618 NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
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 signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLIER, MILES C 801 LAUREL OAK DR SUITE 618 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD READ, ISABEL COLLIER 801 LAUREL OAK DR SUITE 618 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLLIER, BARRON G., II 801 LAUREL OAK DR SUITE 618 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEGMEYER, SUSETTE L. 801 LAUREL OAK DR SUITE 618 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLK, SAMUEL S 801 LAUREL OAK DR SUITE 618 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000051413
02/16/04-80050-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Samuel S. Polk, Secretary (Samuel S. Polk) **Feb. 10, 2004** **239-596-2233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #