

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742011

FILED
Apr 15, 2009
Secretary of State

Entity Name: COLLIER COUNTY EDUCATION ASSOCIATION, INC.

Current Principal Place of Business:

6710 LONE OAK BLVD.
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

6710 LONE OAK BLVD.
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2109507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROSSER, LESLIE
6710 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JEFFERS, VON
Address: 6710 LONE OAKBLVD
City-St-Zip: NAPLES, FL 34109

Title: S () Delete
Name: MYERS, NANCY
Address: 6710 LONE OAK BLVD.
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: TUTTLE, JONATHAN
Address: 6710 LONE OAK BLVD.
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: MARZANO, LAURA
Address: 6710 LONE OAK BLVD.
City-St-Zip: NAPLES, FL 34109

Title: SD () Delete
Name: FARMAR, LYLE
Address: 6710 LONE OAK BOULEVARD
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: LARSEN, EMILY
Address: 6710 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOGGESS, CAL
Address: 6710 LONE OAKBLVD
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: THOMPSON, KISHIA
Address: 6710 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109

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: JONATHAN TUTTLE

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date