

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **742823** (8)

1. Corporation Name

COLLIER COUNTY, 4-H CLUB FOUNDATION, INC.



Principal Place of Business

Mailing Address

**14700 IMMOKALEE RD
PO BOX 404
NAPLES FL 33939
US**

~~14700 IMMOKALEE RD~~
**PO BOX 404
NAPLES FL 33939
US**

3. Date Incorporated or Qualified
05/09/1978

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1882892

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENNING, LINDA V.
14700 IMMOKALEE ROAD
NAPLES FL 33964**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CALDWELL, WILLIAM	
STREET ADDRESS	1248 MORNINGSIDE DRIVE	
CITY - ST - ZIP	NAPLES FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	SAM COLDING	
STREET ADDRESS	659 10TH ST., N.	
CITY - ST - ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RINER, RANDY	
STREET ADDRESS	2101 COUNTY BARN RD	
CITY - ST - ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PISTOR, JOHN	
STREET ADDRESS	221 POLYNESIA COURT	
CITY - ST - ZIP	MARCO ISLAND FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	DENNING, LINDA	
STREET ADDRESS	14700 IMMOKALEE ROAD	
CITY - ST - ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ASHLEY, N. REX	
STREET ADDRESS	1044 CASTELLO DRIVE #106	
CITY - ST - ZIP	NAPLES FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N Rex Ashley 3/1/96 941-261-7200
TREASURER

Date

Daytime Phone #

CR2E037 (12/95)