

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90030 017 ****61.25

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01052005 Chg-NP CR2E037 (10/03)

DOCUMENT # 742823 1. Entity Name COLLIER COUNTY, 4-H CLUB FOUNDATION, INC.					
Principal Place of Business 14700 IMMOKALEE RD NAPLES, FL 34120 US			Mailing Address PO BOX 7581 NAPLES, FL 34101 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1882892	
				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			7. Name and Address of New Registered Agent		
ERICKSON, WILLIAM C P O BOX 7581 NAPLES, FL 34101			Name KATHY FAIRBANKS Street Address (P.O. Box Number is Not Acceptable) 3027 ELLICE WAY City NAPLES FL Zip Code 34119		
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 <u>KATHY FAIRBANKS, TREASURER</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2/1/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISCOE, GARY		NAME	CROWLEY, SHEILAH	
STREET ADDRESS	1320 N 15TH ST		STREET ADDRESS	2743 BUCKTHORN WAY	
CITY-ST-ZIP	IMMOKALEE, FL 341422989		CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM COLDING		NAME	DORR, SUZY	
STREET ADDRESS	659 10TH ST. N.		STREET ADDRESS	5899 CHANTECLAIR DR. #215	
CITY-ST-ZIP	NAPLES, FL 341028128		CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	T	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, WILLIAM C		NAME	FAIRBANKS, KATHY	
STREET ADDRESS	136 PEBBLE BEACH CIR		STREET ADDRESS	3027 ELLICE WAY	
CITY-ST-ZIP	NAPLES, FL 341137657		CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISTOR, JOHN		NAME	BRISCOE, GARY	
STREET ADDRESS	221 POLYNESIA COURT		STREET ADDRESS	1320 N 15TH ST	
CITY-ST-ZIP	MARCO ISLAND, FL 341453825		CITY-ST-ZIP	IMMOKALEE, FL 34142	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWLEY, SHEILAH		NAME	COLDING, SAM	
STREET ADDRESS	2743 BUCKTHORN WAY		STREET ADDRESS	659 10TH ST. N.	
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	PISTOR, JOHN	
STREET ADDRESS			STREET ADDRESS	221 POLYNESIA COURT	
CITY-ST-ZIP			CITY-ST-ZIP	MARCO ISLAND, FL 34145	
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: <u>KATHY FAIRBANKS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/1/05</u> Daytime Phone # <u>239-514-1072</u>		