
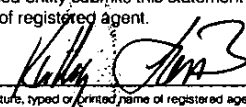
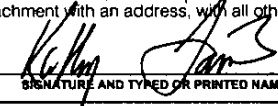


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90079 024 ****61.25

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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAIRBANKS, KATHY 3027 ELLICE WAY NAPLES, FL 34119				Name FAIRBANKS, KATHY Street Address (P.O. Box Number is Not Acceptable) 4710 13th Ave SW City Naples FL Zip Code 34116	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		KATHY Fairbanks <small>(NOTE: Registered Agent signature required when reinstating)</small>		1/27/06 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRISCOE, GARY		NAME		
STREET ADDRESS	1320 N 15TH ST		STREET ADDRESS		
CITY-ST-ZIP	IMMOKALEE, FL 341422989		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAM COLDING		NAME		
STREET ADDRESS	659 10TH ST., N.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341028128		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORR, SUZY		NAME		
STREET ADDRESS	5899 CANTECLAIR DRIVE #215		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PISTOR, JOHN		NAME		
STREET ADDRESS	221 POLYNESIA COURT		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 341453825		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROWLEY, SHEILAH		NAME		
STREET ADDRESS	2743 BUCKTHORNWAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAIRBANKS, KATHY		NAME	KATHY Fairbanks	
STREET ADDRESS	3027 ELLICE WAY		STREET ADDRESS	4710 13th Ave SW	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34116	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/27/06 239-455-9510 <small>Date Daytime Phone #</small>		