
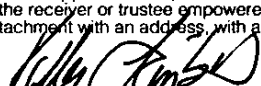


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90077 009 ****61.25

DOCUMENT # 742823 1. Entity Name COLLIER COUNTY, 4-H CLUB FOUNDATION, INC.					
Principal Place of Business 2743 BUCKTHORN WAY NAPLES, FL 34105 US			Mailing Address PO BOX 7581 NAPLES, FL 34101 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0603548	
				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		
FAIRBANKS, KATHY 4710 13TH AVE SW NAPLES, FL 34116			Name _____		
			Street Address (P.O. Box Number is Not Acceptable) _____		
			City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D <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	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAIRBANKS, KATHY		NAME		
STREET ADDRESS	4710 13TH AVE SW		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANSON, RONALD		NAME		
STREET ADDRESS	5085 YACHT HARBOR DRIVE #201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		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	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELUCA, LENICE		NAME		
STREET ADDRESS	4280 TAMiami TRAIL EAST, SUITE 302A		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
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:  Kathy Fairbanks 1/28/07 239-455-9510					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40009268

Collier County 4-H Club Foundation Inc.
Supplemental List of Board of Directors
Document #742823

Directors

Gary Briscoe
1320 N 15th Street
Immokalee, FL 34142-2989

Suzy Dorr
5899 Chanteclair Dr., #215
Naples, FL 34108

Dan Guoan
12945 Vanderbilt Dr.
Naples, FL 34110

Robert P. Halman, Director
Collier County UF/IFAS Extension
14700 Immokalee Road
Naples, FL 34120

Judy Keller
406 Golfview Drive
Naples, FL 34110-1122

Heather Moll
4680 13th Avenue SW
Naples, FL 34116

Karen Morgan
4121 5th Avenue NW
Naples, FL 34119

Cora Obley
802 Slash Pine Ct.
Naples, FL 34108-8206

Robert R. Smith, III
1058 Spanish Moss Trail
Naples, FL 34108

Donald J. York
456 Glen Meadow Lane
Naples, FL 34105-7191