

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90203 046 ****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 # 4710 13th Ave SW		3. Mailing Address Suite, Apt. #, etc.			
City & State Naples, FL		City & State			
Zip 34116		Country USA		4. FEI Number 30-9603548 03-0603548	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FAIRBANKS, KATHY 4710 13TH AVE SW NAPLES, FL 34116			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D BRISCOE, GARY 1320 N 15TH ST IMMOKALEE, FL 341422989		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAIRBANKS, KATHY 4710 13TH AVE SW NAPLES, FL 34116		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANSON, RONALD 5085 YACHT HARBOR DRIVE #201 NAPLES, FL 34112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISTOR, JOHN 221 POLYNESIA COURT MARCO ISLAND, FL 341453825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROWLEY, SHEILAH 2743 BUCKTHORNWAY NAPLES, FL 34105		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELUCA, LENICE 4280 TAMiami TRAIL EAST, SUITE 302A NAPLES, FL 34112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Karen Morgan 4121 5th Ave NW 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>					
<div style="text-align: right;"> 4/28/08 234-455-9510 <small>Date Daytime Phone #</small> </div>					