# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 25, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # 747212

1. Entity Name
COLLIER COUNTY VETERANS COUNCIL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| COLLIER CO VETERANS COUNCIL<br>3301 TAMIAMI TRAIL E, BLDG H, ROOM 212<br>NAPLES, FL 34112 | JAMES H. ELSON<br>680 8TH AVE SOUTH<br>NAPLES, FL 34102 US |

**DO NOT WRITE IN THIS SPACE**

02232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2153999
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELSON, JAMES H
680 8TH AVE SOUTH
NAPLES, FL 34102

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000066332
02/26/04-80011-018 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | ELSON, JAMES H |
| STREET ADDRESS | 608 8TH AVE SOUTH |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| TITLE | DS |
| NAME | SMITH, DAVID L |
| STREET ADDRESS | 5460 32ND AVE. SW |
| CITY-ST-ZIP | NAPLES, FL 34116 |
| TITLE | DV |
| NAME | SAWICKI, THEODORE J |
| STREET ADDRESS | 5318 CATTS AVENUE |
| CITY-ST-ZIP | NAPLES, FL 34113 |
| TITLE | T |
| NAME | PEACOCK, DONALD |
| STREET ADDRESS | 420 PUTTER POINT CT |
| CITY-ST-ZIP | NAPLES, FL 34103 |
| TITLE | SOA |
| NAME | ERLICHMAN, GILBERT |
| STREET ADDRESS | 290 ROBIN HOOD CIR #102 |
| CITY-ST-ZIP | NAPLES, FL 34104 |
| TITLE | C |
| NAME | KANES, LOUIS |
| STREET ADDRESS | 900 DIAMOND CIR., #2 |
| CITY-ST-ZIP | NAPLES, FL 34110 |

**DO NOT WRITE IN THIS SPACE**

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:** Donald D Peacock Donald J. Peacock, Treasurer 2/23/04 (239)434-7356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #