

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # 747212

1. Entity Name
COLLIER COUNTY VETERANS COUNCIL, INC.



Principal Place of Business
**COLLIER CO VETERANS COUNCIL
3301 TAMiami TRAIL E, BLDG H, ROOM 212
NAPLES, FL 34112**

Mailing Address
**JAMES H. ELSON
680 8TH AVE SOUTH
NAPLES, FL 34102 US**



03312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2153999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/5

**Filing Fee is \$61.25
Due by May 1, 2005**

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

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

U00000288527
04/05/05-80014-012 70.00

**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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

4/1/5

239-434-2652