

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**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**

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**



02292008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2153999**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	WEISS, BERNARD L
STREET ADDRESS	2535 GOLFSIDE DR W
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	DV
NAME	SKILES, JOHN
STREET ADDRESS	2601 53 ST SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	T
NAME	PEACOCK, DONALD
STREET ADDRESS	420 PUTTER POINT CT
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	SAA
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

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03/20/08-80022-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*J. H. Elson, Pres*

*2/29/08*

*239-860-0009*