

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747212

FILED
Jan 27, 2009
Secretary of State

Entity Name: COLLIER COUNTY VETERANS COUNCIL, INC.

Current Principal Place of Business:

COLLIER CO VETERANS COUNCIL
3301 TAMiami TRAIL E, BLDG H, ROOM 212
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2153999 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ELSON, JAMES H
Address: 608 8TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: DS () Delete
Name: WEISS, BERNARD L
Address: 2535 GOLFSIDE DR W
City-St-Zip: NAPLES, FL 34110

Title: DV () Delete
Name: SKILES, JOHN
Address: 2601 53 ST SW
City-St-Zip: NAPLES, FL 34116

Title: T () Delete
Name: PEACOCK, DONALD
Address: 420 PUTTER POINT CT
City-St-Zip: NAPLES, FL 34103

Title: SAA () Delete
Name: ERLICHMAN, GILBERT
Address: 290 ROBIN HOOD CIR #102
City-St-Zip: NAPLES, FL 34104

Title: C () Delete
Name: KANES, LOUIS
Address: 900 DIAMOND CIR., #2
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: VAN HECKE, GERALD L
Address: 760 PINE VALE DR
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: GUBALA, ALBY
Address: 2761 4TH ST NW
City-St-Zip: NAPLES, FL 34120

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. ELSON

DP

01/27/2009

Electronic Signature of Signing Officer or Director

Date