

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747212

FILED
Apr 22, 2010
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:

JOHN SKILES
2601 53RD ST SW
NAPLES, FL 34116 US

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:

SKILES, JOHN
2601 53RD ST SW
NAPLES, FL 34116 US

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: JOHN SKILES

04/22/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: SKILES, JOHN
Address: 2601 53RD ST SW
City-St-Zip: NAPLES, FL 34116

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

Title: V
Name: MISCHUNG, JACK
Address: 5477 CARLTON ST
City-St-Zip: NAPLES, FL 34113

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

Title: DPP
Name: ELSON, JAMES
Address: 680 8TH AVE S
City-St-Zip: NAPLES, FL 34102

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN SKILES

DP

04/22/2010

Electronic Signature of Signing Officer or Director

Date