


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 758371 1. Entity Name COLLIER COUNTY STAMP CLUB, INC. |  |
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| Principal Place of Business 4987 TAMiami TRAIL EAST NAPLES FL 34113 US | Mailing Address 5145 COBBLE CREEK CT #103 NAPLES FL 34110 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|-------------------------|-------------------------|---------|---------|
| City & State Zip | City & State Zip | Country | Country |
|-------------------------|-------------------------|---------|---------|



1st MOORE CR2E037 (10/04)

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|------------------------------------|--|
| 4. FEI Number 59-2045165 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|---|
| 6. Name and Address of Current Registered Agent BRYLLE, META K 5145 COBBLE CREEK CT. #103 NAPLES FL 34110 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILLIAMS, HAROLD 1809 WINDING OAKS WAY NAPLES FL 34109 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000279798 03/29/05-80009-021 61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LIGHT, THEODORE 4790 ASTON GARDEN WAY #204 NAPLES FL 34109 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BRYLLE, META K. 5145 COBBLE CREEK CT. #103 NAPLES FL 34110-1362 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HACKNEY, ANN L 4286 27TH CT SW APT 105 NAPLES FL 34114 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Meta K. Brylle **META K. BRYLLE, Treasurer** 3/24/05 239-597-4535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #