


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 758371</b>	
1. Entity Name <b>COLLIER COUNTY STAMP CLUB, INC.</b>	

Principal Place of Business <b>4987 TAMiami TRAIL EAST NAPLES, FL 34113 US</b>	Mailing Address <b>5145 COBBLE CREEK CT #103 NAPLES, FL 34110 US</b>
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01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2045165</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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8. Name and Address of Current Registered Agent  <b>BRYLLE, META K 5145 COBBLE CREEK CT. #103 NAPLES, FL 34110</b>
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**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, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, HAROLD 1809 WINDING OAKS WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIGHT, THEODORE 4790 ASTON GARDEN WAY #204 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYLLE, META K 5145 COBBLE CREEK CT. #103 NAPLES, FL 341101362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HACKNEY, ANN L 4286 27TH CT SW APT 105 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/06-80031-008 61.25

**DO NOT WRITE  
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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:** Meta K. Brylle, Treas. Feb. 28, 2006 239-597-4535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #