


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90192 004 \*\*\*\*61.25

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

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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02212007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2045165</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BRYLLE, META K 5145 COBBLE CREEK CT. #103 NAPLES, FL 34110
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remitting) DATE \_\_\_\_\_

*537*  
*4/17/07*  
**Filing Fee is \$61.25  
Due by May 1, 2007**

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 34110 <i>3340</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD</i> <del>HACKNEY, ANNE</del> <del>4286 27th ST SW APT 105</del> <del>NAPLES, FL 34114</del> <i>out</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD</i> DANIEL OLSEN 6314 SHADOWWOOD CIR. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** *Meta K. Brylle* **META K. BRYLLE** *APR 17, 2007* *139-591-4535*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #