

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90027 021 ****61.25

DOCUMENT # 758371 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 796 REEF POINT CI.			
City & State		City & State NAPLES, FL		4. FEI Number 59-2045165	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34108		Country USA		Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRYLLE, META K 5145 COBBLE CREEK CT. #103 NAPLES, FL 34110			Name BERT RINGLSTETTER Street Address (P.O. Box Number is Not Acceptable) 796 REEF POINT CI. City NAPLES FL Zip Code 34108		
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 <u>B. Ringlsetter</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD BERGMANN PO BOX 1096 MARCO ISLAND, FL 34146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIGHT, THEODORE 4790 ASTON GARDEN WAY #204 NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES WATSON 3530 PINE FERN LANE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYLLE, META K 5145 COBBLE CREEK CT. #103 NAPLES, FL 341101362	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO BERT RINGLSTETTER 796 REEF POINT CIRCLE NAPLES, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLSON, DANIEL 6314 SHADOWOOD CIR NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: <u>B. Ringlsetter</u> (BERT RINGLSTETTER) 03-24-2008 239-5663727 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					