2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# 758371

Entity Name: COLLIER COUNTY STAMP CLUB, INC.

Current Principal Place of Business:

4987 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

796 RECA POINT Cl.
NAPLES, FL 34108 US

New Mailing Address:

796 REEF POINT Cl.
NAPLES, FL 34108 US

FEI Number: 59-2045165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RINGLSTETTER, BERT
796 REEF POINT Cl
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BERGMANN, RICHARD
Address: PO BOX 1096
City-St-Zip: MARCO ISLAND, FL 34146

Title: VP ( ) Delete
Name: WATSON, JAMES
Address: 3530 PINE FERN LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD ( ) Delete
Name: RINGLSTETTER, BERT
Address: 796 REEF POINT CIRCLE
City-St-Zip: NAPLES, FL 34103

Title: SD (X) Delete
Name: OLSON, DANIEL
Address: 6314 SHADOWOOD CIR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BERT RINGLSTETTER TD 03/27/2009
Electronic Signature of Signing Officer or Director Date