

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90359 001 ***245.00

DOCUMENT # N00000007874					
1. Entity Name THE COLLIER COUNTY CHAMBER OF COMMERCE, INC.					
Principal Place of Business 2390 TAMiami TRAIL NORTH SUITE 210 NAPLES, FL 34103			Mailing Address 2390 TAMiami TRAIL NORTH SUITE 210 NAPLES, FL 34103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3713517	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MURPHY, JAY 2390 TAMiami TRAIL NORTH SUITE 210 NAPLES, FL 34103			Name <u>Stephanie D. Martin</u> Street Address (P.O. Box Number is Not Acceptable) <u>2390 Tamiami Trail North</u> <u>Suite 210</u> City <u>Naples</u> <u>FL</u> <u>34103</u>		
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>Stephanie D. Martin</u>				DATE <u>3/23/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		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	C MORTON, EDWARD A <input type="checkbox"/> Delete 2390 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Katie Sproul</u> <u>2390 Tamiami Trail North Ste 210</u> <u>Naples FL 34103</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIDKIN, JEFFREY D <input type="checkbox"/> Delete 2390 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Michael V. Reager</u> <u>2390 Tamiami Trail North Ste 210</u> <u>Naples FL 34103</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUESTON, C J <input type="checkbox"/> Delete 2390 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOETZ, ELLIN <input type="checkbox"/> Delete 2390 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDD, RUSSELL A <input type="checkbox"/> Delete 2390 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103		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>Culpepper</u>			Date <u>3/23/06</u> Daytime Phone # <u>2394032905</u>		