

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007874

FILED
Apr 27, 2012
Secretary of State

Entity Name: THE COLLIER COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

2390 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

2390 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3713517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALAD, SANDRA
2390 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103 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: C
Name: WYNN, MICHAEL A
Address: 2390 TAMIAMI TRAIL NORTH, SUITE 210
City-St-Zip: NAPLES, FL 34103

Title: P
Name: REAGEN, MICHAEL V
Address: 2390 TAMIAMI TRAIL NORTH, SUITE 210
City-St-Zip: NAPLES, FL 34103

Title: D
Name: GOODLETTE, DUDLEY
Address: 2390 TAMIAMI TRAIL NORTH, SUITE 210
City-St-Zip: NAPLES, FL 34103

Title: D
Name: SPROUL, KATHERINE
Address: 2390 TAMIAMI TRAIL NORTH, SUITE 210
City-St-Zip: NAPLES, FL 34103

Title: D
Name: BUCKLEY, THOMAS C
Address: 2390 TAMIAMI TRAIL NORTH, SUITE 210
City-St-Zip: NAPLES, FL 34103

Title: D
Name: HORNBECK, BUD
Address: 2390 TAMIAMI TRL N, STE 210
City-St-Zip: NAPLES, FL 34103

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL REAGEN

P

04/27/2012

Electronic Signature of Signing Officer or Director

_____ Date