2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# N00430

Entity Name: COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

Current Principal Place of Business:

2400 TAMIAMI TRAIL N.
SUITE 300
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

2400 TAMIAMI TRAIL N.
SUITE 300
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2396243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANZ, WILLIAM S JR
2400 TAMIAMI TRAIL NORTH
SUITE 300
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:	T	( ) Delete
Name:	SCHNEIDER, THOMAS	
Address:	2400 TAMIAMI TRAIL NORTH #300	
City-St-Zip:	NAPLES, FL 34103	
Title:	S	( ) Delete
Name:	RUSSSELL, DEBORAH	
Address:	2400 TAMIAMI TRAIL NORTH #300	
City-St-Zip:	NAPLES, FL 34103	
Title:	C	( ) Delete
Name:	GERRITY, DOROTHY	
Address:	2400 TAMIAMI TRAIL NORTH #300	
City-St-Zip:	NAPLES, FL 34103	
Title:	VC	( ) Delete
Name:	ALEXANDER, SCOTT	
Address:	2400 TAMIAMI TRAIL N #300	
City-St-Zip:	NAPLES, FL 34103	
Title:	V	( ) Delete
Name:	FRANZ, WILLIAM S JR	
Address:	2400 TAMIAMI TRAIL N #300	
City-St-Zip:	NAPLES, FL 34103	
Title:	P	( ) Delete
Name:	GEORGE, MARY	
Address:	2400 TAMIAMI TRAIL N #300	
City-St-Zip:	NAPLES, FL 34103	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VC	(X) Change ( ) Addition
Name:	JAMES, RIDEOUTTE	
Address:	2400 TAMIAMI TRAIL NORTH #300	
City-St-Zip:	NAPLES, FL 34103	
Title:	C	(X) Change ( ) Addition
Name:	ALEXANDER, SCOTT	
Address:	2400 TAMIAMI TRAIL N #300	
City-St-Zip:	NAPLES, FL 34103	
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: WILLIAM FRANZ MR 03/13/2008

Electronic Signature of Signing Officer or Director — Date