

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90713 035 ****61.25

| | | | |
|---|--|---|--------------------|
| DOCUMENT # N01000000167 1. Entity Name The Professional Development Academy of Collier County, Inc. | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 275 Yucca Road Suite, Apt. #, etc. | | 3. Mailing Address 275 Yucca Road Suite, Apt. #, etc. | |
| City & State Naples, Florida | | City & State Naples, Florida | |
| Zip 34102 | Country Collier | Zip 34102 | Country Collier |
| 4. FEI Number 593690222 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | | | |
| Name John F. Houton | | | |
| Street Address (P.O. Box Number is Not Acceptable) 275 Yucca Road | | | |
| City Naples FL Zip Code 34102 | | | |
| 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 John F. Houton | | 04/29/03 | |
| FEE IS \$61.25 Initial or Amended UBR | | 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 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P,D Daniel Wilder Newsbank, 5020 Tamiami Trail N Naples, FL 34103 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T,D Nord Ray Nord, Newsbank 5020 Tamiami Trail N. Naples 34103 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Louis Grossi 7932 Leicester Drive Naples, FL 34104 | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D,S John F. Houton 275 Yucca Road, Naples, FL 34102 | | |
| 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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: John F. Houton Secretary | | 04/29/03 239.643.5051 | |

CR2E037B (12/02)