

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001297

FILED
Mar 16, 2009
Secretary of State

Entity Name: CAPITAL CONNECTION OF COLLIER COUNTY, INC.

Current Principal Place of Business:

1100 FIFTH AVE. S.
SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1100 FIFTH AVE. S.
SUITE 201
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3707756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRIER, ELINOR V
1100 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 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: P () Delete
Name: BRUNKER, BUDDY
Address: 3400 RADIO RD, STE 107
City-St-Zip: NAPLES, FL 34104

Title: V () Delete
Name: FLORA, TERRY L
Address: 1333 THIRD AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: T () Delete
Name: CROSS, WALTER J
Address: 3301 TAMiami TRAIL EAST
City-St-Zip: NAPLES, FL 34112

Title: S () Delete
Name: KRIER, ELINOR V
Address: 1100 FIFTH AVE SOUTH, STE 210
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: CONRECODE, THOMAS E
Address: 3003 TAMiami TRAIL NORTH, STE 400
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: STEPHENS, JACKIE
Address: 1034 6TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

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:

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: WALTER J. CROSS

T

03/16/2009

Electronic Signature of Signing Officer or Director

Date