

FILED
Jan 29, 2007 08:00 AM
Secretary of State

1. Entity Name
NAPLES TOUCHDOWN CLUB, INC.



Mailing Address
2467 PINWOOD CIRCLE
NAPLES, FL 34105

DO NOT WRITE IN THIS SPACE



01252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0732772	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COLEMAN, KEVIN G ESQ.
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10.	OFFICERS AND DIRECTORS
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TITLE	PD
NAME	DEVOE, MARK
STREET ADDRESS	2601 AIRPORT RD
CITY - ST - ZIP	NAPLES, FL 34112

TITLE	TD
NAME	SALLEY, LYNN
STREET ADDRESS	1100 GOLDEN EAGLE CIR
CITY-ST-ZIP	NAPLES, FL 34102

TITLE	SD
NAME	HANCOCK, TIM
STREET ADDRESS	6506 AUTUMN WOODS BLVD
CITY-ST-ZIP	NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/31/07-80004-003 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #