

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90011 003 ****61.25

DOCUMENT # N03000000190

1. Entity Name

COLLIER COUNTY AUDUBON FOUNDATION, INC.



Principal Place of Business

660 9TH ST. NORTH, RM. 32A
NAPLES FL 34110

Mailing Address

660 9TH ST. NORTH, RM. 32A
NAPLES FL 34110

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 11387

NAPLES FL

34101-1387



MOORE

CR2E037 (11/03)

4. FEI Number

22-3891134

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103-3060

7. Name and Address of New Registered Agent

Name

L.B. LACKORE

Street Address (P.O. Box Number is Not Acceptable)

356 EDMERE WAY N.

City

NAPLES

FL

Zip Code

34105

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

L.B. LACKORE, TRS *L.B. Lackore*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FEB 18, 2004

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	POPLOCK, RONNIE	<input checked="" type="checkbox"/> Delete
NAME		599 3RD ST. N.	
STREET ADDRESS		NAPLES FL 34120	
CITY-ST-ZIP			
TITLE	D	PAYTON, NANCY	<input checked="" type="checkbox"/> Delete
NAME		2069 RIVER REACH DR., 414	
STREET ADDRESS		NAPLES FL 34104	
CITY-ST-ZIP			
TITLE	D	BOGGS, ALAN	<input checked="" type="checkbox"/> Delete
NAME		2153 IMPERIAL CIR.	
STREET ADDRESS		NAPLES FL 34110	
CITY-ST-ZIP			
TITLE	D	LACKORE, L.B.	<input type="checkbox"/> Delete
NAME		356 EDMERE WAY NORTH	
STREET ADDRESS		NAPLES FL 34105	
CITY-ST-ZIP			
TITLE	D	AVALON, KATHLEEN	<input checked="" type="checkbox"/> Delete
NAME		2580 MARSH CREEK LANE	
STREET ADDRESS		NAPLES FL 34119	
CITY-ST-ZIP			
TITLE	D	BOGGS, SUSAN	<input checked="" type="checkbox"/> Delete
NAME		2153 IMPERIAL CIR.	
STREET ADDRESS		NAPLES FL 34110	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TED BELOW	
STREET ADDRESS	3697 NORTH ROAD	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY PAYTON	
STREET ADDRESS	159A BRISTOL LANE	
CITY-ST-ZIP	NAPLES, FL, 34112	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESLYN STRICKLAND	
STREET ADDRESS	6815 OLD DANYAN WAY	
CITY-ST-ZIP	NAPLES, FL, 34109	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILEEN ARSENAULT	
STREET ADDRESS	1188 GORDON DRIVE	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUANITA POWERS	
STREET ADDRESS	18 B BOBOLINK COURT	
CITY-ST-ZIP	NAPLES FL 34105	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

L.B. Lackore L.B. LACKORE, TRS

2-18-04 239-434-6280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #