

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90167 021 ****61.25

DOCUMENT # N03000000190					
1. Entity Name COLLIER COUNTY AUDUBON FOUNDATION, INC.					
Principal Place of Business 660 9TH ST. NORTH, RM. 32A NAPLES, FL 34102			Mailing Address PO BOX 11387 NAPLES, FL 34101-1387		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01072006 Chg-NP CR2E037 (11/05)	
4. FEI Number 22-3891134				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LACKORE, L.B. 256 EDMERE WAY N. NAPLES, FL 34105			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: _____ (NOTE: Registered Agent signature required when restateing) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELOW, TED 3697 NORTH RD. NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAYTON, NANCY 159 A BRISTOL LANE NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRICKLAND, WESLYN 6815 OLD BANYAN WAY NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LACKORE, L.B. 356 EDMERE WAY NORTH NAPLES, FL 34105	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARSENAULT, EILEEN 1188 GORDON DRIVE. NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, MARIE 426 FOREST HILLS BLVD. NAPLES, FL 34113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>L.B. Lackore</u> L.B. LACKORE, PRES 1-8-06 239-484-6280					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

H0000930

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ADDITIONS TO OFFICERS AND DIRECTORS

TITLE	D
NAME	STANLEY BOYNTON
STREET ADDRESS	1144 6 TH LANE NORTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	ALAN KELLER
STREET ADDRESS	298 LITTLE HARBOR LANE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	RICKY PIRES
STREET ADDRESS	209 MADISON DRIVE
CITY-ST-ZIP	NAPLES, FL 34110