

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90020 028 \*\*\*\*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

**50000497**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
 22-3891134

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LACKORE, L.B.**  
**256 EDMERE WAY N.**  
**NAPLES, FL 34105**

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

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 Trust Fund Contribution.

**\$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	D	<input type="checkbox"/> Delete
NAME	BELOW, TED	
STREET ADDRESS	3697 NORTH RD.	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAYTON, NANCY	
STREET ADDRESS	159 A BRISTOL LANE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, WESLYN	
STREET ADDRESS	6815 OLD BANYAN WAY	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	PT	<input type="checkbox"/> Delete
NAME	LACKORE, L.B.	
STREET ADDRESS	356 EDMERE WAY NORTH	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARSENAULT, EILEEN	
STREET ADDRESS	1188 GORDON DRIVE.	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYER, MARIE	
STREET ADDRESS	426 FOREST HILLS BLVD.	
CITY-ST-ZIP	NAPLES, FL 34113	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN KELLER	
STREET ADDRESS	298 LITTLE HARBOR LANE	
CITY-ST-ZIP	NAPLES, FL 34102	

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: *L.B. Lackore* **L.B. LACKORE**

**Jan 17, 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #