

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.

City & State

City & State

01172007 Chg-NP CR2E037 (12/06)

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

**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

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

TITLE **D** ☐ Delete
NAME **BELOW, TED**
STREET ADDRESS **3697 NORTH RD.**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **SD** ☐ Delete
NAME **PAYTON, NANCY**
STREET ADDRESS **159 A BRISTOL LANE**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D** ☐ Delete
NAME **STRICKLAND, WESLYN**
STREET ADDRESS **6815 OLD BANYAN WAY**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **PT** ☐ Delete
NAME **LACKORE, L.B.**
STREET ADDRESS **356 EDMERE WAY NORTH**
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **D** ☐ Delete
NAME **ARSENAULT, EILEEN**
STREET ADDRESS **1188 GORDON DRIVE.**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **D** ☒ Delete
NAME **MAYER, MARIE**
STREET ADDRESS **426 FOREST HILLS BLVD.**
CITY-ST-ZIP **NAPLES, FL 34113**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V/D** ☐ Change ☒ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 17, 2007

Date

Daytime Phone #