


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

|   |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
|---|--|---|-------|----|------|--------------|----------------|-------------------|----------------|------------------|-------|----|------|---------------|----------------|-------------------|----------------|------------------|-------|----|------|----------------|----------------|-------------------|----------------|------------------|-------|----|------|--------------|----------------|-------------------|----------------|------------------|-------|--|------|--|----------------|--|----------------|--|-------|--|------|--|----------------|--|----------------|--|
| <b>DOCUMENT # N03000005270</b><br>1. Entity Name<br><b>COLLIER COUNTY ALL STARS BOOSTER CLUB, INC.</b>  |  |  |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| Principal Place of Business<br><b>5060 HICKORY WOOD<br/>NAPLES, FL 34119</b>  | Mailing Address<br><b>5060 HICKORY WOOD<br/>NAPLES, FL 34119</b>   |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| <div style="text-align: right;">04262006 No Chg-NP CR2E037 (11/05)</div> <div style="display: flex; justify-content: space-between;"> <div>4. FEI Number<br/><b>20-0144972</b></div> <div>Applied For<br/><input type="checkbox"/> No: Applicable</div> </div> <div>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></div>   |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CECIL, LAURA<br/>5060 HICKORY WOOD<br/>NAPLES, FL 34119</b>  |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| <b>8.</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>DATE</small></span>   |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td>PD</td> </tr> <tr> <td>NAME</td> <td>CECIL, LAURA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5060 HICKORY WOOD</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>NAPLES, FL 34119</td> </tr> <tr> <td>TITLE</td> <td>TD</td> </tr> <tr> <td>NAME</td> <td>CECIL, MARVIN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5060 HICKORY WOOD</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>NAPLES, FL 34119</td> </tr> <tr> <td>TITLE</td> <td>VD</td> </tr> <tr> <td>NAME</td> <td>SULLIVAN, DANA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5060 HICKORY WOOD</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>NAPLES, FL 34119</td> </tr> <tr> <td>TITLE</td> <td>SD</td> </tr> <tr> <td>NAME</td> <td>FRENCH, JODY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5060 HICKORY WOOD</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>NAPLES, FL 34119</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table> |  |   | TITLE | PD | NAME | CECIL, LAURA | STREET ADDRESS | 5060 HICKORY WOOD | CITY-STATE-ZIP | NAPLES, FL 34119 | TITLE | TD | NAME | CECIL, MARVIN | STREET ADDRESS | 5060 HICKORY WOOD | CITY-STATE-ZIP | NAPLES, FL 34119 | TITLE | VD | NAME | SULLIVAN, DANA | STREET ADDRESS | 5060 HICKORY WOOD | CITY-STATE-ZIP | NAPLES, FL 34119 | TITLE | SD | NAME | FRENCH, JODY | STREET ADDRESS | 5060 HICKORY WOOD | CITY-STATE-ZIP | NAPLES, FL 34119 | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-STATE-ZIP |  | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-STATE-ZIP |  |
| TITLE   | PD   |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| NAME  | CECIL, LAURA   |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| STREET ADDRESS  | 5060 HICKORY WOOD  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| CITY-STATE-ZIP  | NAPLES, FL 34119   |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| TITLE   | TD   |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| NAME  | CECIL, MARVIN  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
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| TITLE   | VD   |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| NAME  | SULLIVAN, DANA   |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
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| TITLE   | SD   |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| NAME  | FRENCH, JODY   |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
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| TITLE   |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| NAME  |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| STREET ADDRESS  |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
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| NAME  |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| STREET ADDRESS  |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
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| <div style="text-align: right;">             1100000561878<br/>             05/19/06-80032-013 61.25           </div> <div style="text-align: center; padding: 20px;"> <b>DO NOT WRITE IN THIS SPACE</b> </div>   |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| <b>12.</b> 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  |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| <b>SIGNATURE:</b> <u><i>Dana Sullivan</i></u> <span style="float: right;"><u>4/30/06</u> <u>239-353-4285</u></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone #</small></span>   |  |   |       |    |      |              |                |                   |                |                  |       |    |      |               |                |                   |                |                  |       |    |      |                |                |                   |                |                  |       |    |      |              |                |                   |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |