

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

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90093 007 \*\*\*\*61.25

**DOCUMENT # N03000005270**

1. Entity Name  
**COLLIER COUNTY ALL STARS BOOSTER CLUB, INC.**



Principal Place of Business

**5060 HICKORY WOOD  
NAPLES, FL 34119**

Mailing Address

**5060 HICKORY WOOD  
NAPLES, FL 34119**

40047600



03212007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0144972**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CECIL, LAURA  
5060 HICKORY WOOD  
NAPLES, FL 34119**

**DO NOT WRITE  
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CECIL, LAURA
STREET ADDRESS	5060 HICKORY WOOD
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	TD
NAME	CECIL, MARVIN
STREET ADDRESS	5060 HICKORY WOOD
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	VD
NAME	<del>SULLIVAN, DANA</del> JENNA BRADFORD
STREET ADDRESS	5060 HICKORY WOOD
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	SD
NAME	FRENCH, JODY
STREET ADDRESS	5060 HICKORY WOOD
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #