

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90136 032 \*\*\*\*61.25

**DOCUMENT # N03000010267**

1. Entity Name  
**ESTERO COMMUNITY SAFETY FUND, INC.**



Principal Place of Business  
**19850 BRECKENRIDGE DRIVE  
SUITE A  
ESTERO, FL 33298**

Mailing Address  
**19850 BRECKENRIDGE DRIVE  
SUITE A  
ESTERO, FL 33298**

**50008819**



2. Principal Place of Business  
**21500 Three Oaks Pkwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**21500 Three Oaks Pkwy**  
Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State  
**Estero, FL**  
Zip  
**33928**  
Country  
**USA**

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**Estero, FL**  
Zip  
**33928**  
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**USA**

4. FEI Number  
**59-2191416**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONWAY, LINDA  
19850 BRECKENRIDGE DRIVE  
SUITE A  
ESTERO, FL 33928**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**21500 Three Oaks Pkwy**  
City  
**Estero** FL Zip Code  
**33928**

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 *Linda L. Conway* **LINDA L. CONWAY** **1-6-05**  
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, 2005**

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	P	<input type="checkbox"/> Delete
NAME	<b>MERRIFIELD, DENNIS</b>	
STREET ADDRESS	<b>19850 BRECKENRIDGE DRIVE, SUITE A</b>	
CITY-ST-ZIP	<b>ESTERO, FL 33928</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>LINDSEY, JEFFREY</b>	
STREET ADDRESS	<b>19850 BRECKENRIDGE DRIVE, SUITE A</b>	
CITY-ST-ZIP	<b>ESTERO, FL 33928</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>CLARKE, JIM</b>	
STREET ADDRESS	<b>19850 BRECKENRIDGE DRIVE, SUITE A</b>	
CITY-ST-ZIP	<b>ESTERO, FL 33928</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Merrifield, Dennis</b>	
STREET ADDRESS	<b>21500 Three Oaks Pkwy</b>	
CITY-ST-ZIP	<b>Estero, FL 33928</b>	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lindsey, Jeffrey</b>	
STREET ADDRESS	<b>21500 Three Oaks Pkwy</b>	
CITY-ST-ZIP	<b>Estero, FL 33928</b>	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Clarke, Jim</b>	
STREET ADDRESS	<b>21500 Three Oaks Pkwy</b>	
CITY-ST-ZIP	<b>Estero, FL 33928</b>	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Jeffrey T. Lindsey* **JEFFREY T. LINDSEY** **1/24/05** **239-947-3473**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #