

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

7/1

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90028 009 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                           |                                                                                                                                                                                                          |                                                                                                    |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N03000010267</b><br>1. Entity Name<br><b>ESTERO COMMUNITY SAFETY, EDUCATION AND<br/>EMERGENCY FUND, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                           |                                                                                                                                                                                                          |                                                                                                    |                                                                              |
| Principal Place of Business<br><b>21500 THREE OAKS PKWY<br/>ESTERO, FL 33928</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                           | Mailing Address<br><b>21500 THREE OAKS PKWY<br/>ESTERO, FL 33928</b>                                                                                                                                     |                                                                                                    |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | 3. Mailing Address                                                                                                        |                                                                                                                                                                                                          |                                                                                                    |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | Suite, Apt. #, etc.                                                                                                       |                                                                                                                                                                                                          |                                                                                                    |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | City & State                                                                                                              |                                                                                                                                                                                                          |                                                                                                    |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Country                                                               | Zip                                                                                                                       | Country                                                                                                                                                                                                  | 4. FEI Number<br><b>61-1486098</b>                                                                 |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                           |                                                                                                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                             |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                           |                                                                                                                                                                                                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional<br>Fee Required |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>CONWAY, LINDA<br/>21500 THREE OAKS PKWY<br/>ESTERO, FL 33928</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                           | 7. Name and Address of New Registered Agent<br>Name <b>Kim Poli</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>21500 Three Oaks Pkwy</b><br>City <b>Estero</b> FL Zip Code <b>33928</b> |                                                                                                    |                                                                              |
| 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<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | <b>Kim E. Poli</b><br><small>(NOTE: Registered Agent signature required when reappointing)</small>                        |                                                                                                                                                                                                          | <b>7/3/06</b><br><small>DATE</small>                                                               |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |                                                                                                                                                                                                          | Make check payable to<br><b>Florida Department of State</b>                                        |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                    |                                                                                                    |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PD<br>NERRIFIELD, DENNIS<br>21500 THREE OAKS PKWY<br>ESTERO, FL 33928 | <input checked="" type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                           | PD<br>Lindsey, Jeffrey<br>21500 Three Oaks Pkwy<br>Estero, FL 33928                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VD<br>LINDSEY, JEFFREY<br>21500 THREE OAKS PKWY<br>ESTERO, FL 33928   | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                           | VD<br>Cato, Michael<br>21500 Three Oaks Pkwy.<br>Estero, FL 33928                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STD<br>CLARKE, JIM<br>21500 THREE OAKS PKWY<br>ESTERO, FL 33928       | <input checked="" type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                           | Hess, Jane<br>21500 Three Oaks Pkwy<br>Estero, FL 33928                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                           |                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                           |                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 address, with all other like empowered. |                                                                       |                                                                                                                           |                                                                                                                                                                                                          |                                                                                                    |                                                                              |
| SIGNATURE:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                           | <b>07-03-06 23947-3473</b><br><small>Date Daytime Phone #</small>                                                                                                                                        |                                                                                                    |                                                                              |

66022383



07032006 Chg-NP CR2E037 (4/06)

4. FEI Number  
61-1486098

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

7. Name and Address of New Registered Agent  
Name **Kim Poli**  
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 **Kim E. Poli** **7/3/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>NERRIFIELD, DENNIS<br>21500 THREE OAKS PKWY<br>ESTERO, FL 33928 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LINDSEY, JEFFREY<br>21500 THREE OAKS PKWY<br>ESTERO, FL 33928   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>CLARKE, JIM<br>21500 THREE OAKS PKWY<br>ESTERO, FL 33928       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                     |                                                                              |
|------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Lindsey, Jeffrey<br>21500 Three Oaks Pkwy<br>Estero, FL 33928 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>Cato, Michael<br>21500 Three Oaks Pkwy.<br>Estero, FL 33928   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Hess, Jane<br>21500 Three Oaks Pkwy<br>Estero, FL 33928             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 address, with all other like empowered.

SIGNATURE: **07-03-06 23947-3473**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #