

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90095 006 ****61.25

DOCUMENT # N03000010267

1. Entity Name
**ESTERO COMMUNITY SAFETY, EDUCATION AND
EMERGENCY FUND, INC.**



Principal Place of Business
**21500 THREE OAKS PKWY
ESTERO, FL 33928**

Mailing Address
**21500 THREE OAKS PKWY
ESTERO, FL 33928**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007

Chg-NP

CR2E037 (12/06)

4. FEI Number
61-1486098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLI, KIM
21500 THREE OAKS PKWY
ESTERO, FL 33928**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME LINDSEY, JEFFREY
STREET ADDRESS 21500 THREE OAKS PKWY
CITY-ST-ZIP ESTERO, FL 33928

TITLE P/D ☒ Change ☐ Addition
NAME SIEGFRIED, TOM
STREET ADDRESS 21500 THREE OAKS PKWY.
CITY-ST-ZIP ESTERO, FL 33928

TITLE VD ☐ Delete
NAME CATO, MICHAEL
STREET ADDRESS 21500 THREE OAKS PKWY
CITY-ST-ZIP ESTERO, FL 33928

TITLE VID ☒ Change ☐ Addition
NAME LINDSEY, JEFFREY
STREET ADDRESS 21500 THREE OAKS PKWY.
CITY-ST-ZIP ESTERO, FL 33928

TITLE ST ☐ Delete
NAME HESS, JANE
STREET ADDRESS 21500 THREE OAKS PKWY
CITY-ST-ZIP ESTERO, FL 33928

TITLE S/T ☒ Change ☐ Addition
NAME BROWNLEE, GLENN
STREET ADDRESS 21500 THREE OAKS PKWY.
CITY-ST-ZIP ESTERO, FL 33928

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 of assets 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 #

THOMAS Siegfried

16 MAR 07

(239)947-3473