
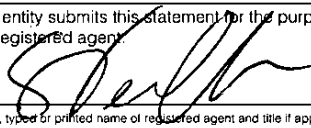
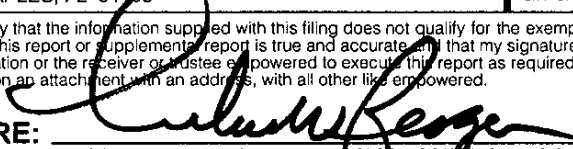


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90099 007 ****61.25

DOCUMENT # N03000010465 1. Entity Name LEADERSHIP COLLIER FOUNDATION, INC.					
Principal Place of Business 2390 TAMiami TRAIL NORTH SUITE 210 NAPLES, FL 34103			Mailing Address 2390 TAMiami TRAIL NORTH SUITE 210 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02162007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-0446620	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, STEPHANIE D 2390 TAMiami TRAIL NORTH SUITE 210 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 2/28/07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
<small>TITLE</small> C <small>NAME</small> BUDD, RUSSELL A <small>STREET ADDRESS</small> 2390 TAMiami TRAIL NORTH, SUITE 210 <small>CITY-ST-ZIP</small> NAPLES, FL 34103	<input type="checkbox"/> Delete		<small>TITLE</small> Chair <small>NAME</small> Patrick Neal <small>STREET ADDRESS</small> 2390 Tamiami Trl North Ste 210 <small>CITY-ST-ZIP</small> Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<small>TITLE</small> D <small>NAME</small> SPROUL, KATIE <small>STREET ADDRESS</small> 2390 TAMiami TRAIL NORTH, SUITE 210 <small>CITY-ST-ZIP</small> NAPLES, FL 34103	<input type="checkbox"/> Delete		<small>TITLE</small> Director <small>NAME</small> Edward Murtan <small>STREET ADDRESS</small> 2390 Tamiami Trl North Ste 210 <small>CITY-ST-ZIP</small> Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<small>TITLE</small> D <small>NAME</small> BENNETT, ROBERT <small>STREET ADDRESS</small> 2390 TAMiami TRAIL NORTH, SUITE 210 <small>CITY-ST-ZIP</small> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		<small>TITLE</small> Director <small>NAME</small> Ned Sachs <small>STREET ADDRESS</small> 2390 Tamiami Trl North Ste 210 <small>CITY-ST-ZIP</small> Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<small>TITLE</small> D <small>NAME</small> CARDILLO, JOHN <small>STREET ADDRESS</small> 2390 TAMiami TRAIL NORTH, SUITE 210 <small>CITY-ST-ZIP</small> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		<small>TITLE</small> Director <small>NAME</small> Dudley Goodlett <small>STREET ADDRESS</small> 2390 Tamiami Trl North Ste 210 <small>CITY-ST-ZIP</small> Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<small>TITLE</small> D <small>NAME</small> LASCHIED, NANCY <small>STREET ADDRESS</small> 2390 TAMiami TRAIL NORTH, SUITE 210 <small>CITY-ST-ZIP</small> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> P <small>NAME</small> REAGEN, MICHAEL V <small>STREET ADDRESS</small> 2390 TAMiami TRAIL N, STE 210 <small>CITY-ST-ZIP</small> NAPLES, FL 34103	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> 	<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 an address, with all other like empowered.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> 2/28/07 <small>Date</small> </div> <div style="width: 30%; text-align: right;"> 239-403-2901 <small>Daytime Phone #</small> </div> </div>					