


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90358 038 ****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			
Zip	Country	Zip	Country	4. FEI Number 20-0446620	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTIN, STEPHANIE D 2390 TAMIAMI TRAIL NORTH SUITE 210 NAPLES, FL 34103				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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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		
TITLE	C <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUDD, RUSSELL A		NAME		
STREET ADDRESS	2390 TAMIAMI TRAIL NORTH, SUITE 210		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPROUL, KATIE		NAME		
STREET ADDRESS	2390 TAMIAMI TRAIL NORTH, SUITE 210		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP		
TITLE	C <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEAL, PATRICK		NAME		
STREET ADDRESS	2390 TAMIAMI TRAIL NORTH, SUITE 210		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORTON, EDWARD		NAME	C Morton, Edward	
STREET ADDRESS	2390 TAMIAMI TRAIL NORTH, SUITE 210		STREET ADDRESS	2390 Tamiami Trail North, Suite 210	
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP	Naples FL 34103	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SACHS, NED		NAME		
STREET ADDRESS	2390 TAMIAMI TRAIL NORTH, SUITE 210		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REAGEN, MICHAEL V		NAME		
STREET ADDRESS	2390 TAMIAMI TRAIL N., STE 210		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34103		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 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: <i>Michael V. Reagen, Pres/CEO</i>			4/22/08 2354032901 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					