

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90056 011 ****61.25

DOCUMENT # N04000001404					
1. Entity Name COLLIER COUNTY SPORTS ORGANIZING COMMITTEE, INC.					
Principal Place of Business 3050 N. HORSESHOE DR. #218 NAPLES, FL 34104			Mailing Address 3050 N. HORSESHOE DR. #218 NAPLES, FL 34104		
2. Principal Place of Business - No P.O. Box # <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2436097	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEST, JACK 3050 N. HORSESHOE DR. #218 NAPLES, FL 34104			7. Name and Address of New Registered Agent Name Ralph Pryor Street Address (P.O. Box Number is Not Acceptable) 3050 N. Horseshoe Dr. #218 City Naples FL 34104		
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 Ralph P. Pryor, Sports Coordinator - Ralph P. Pryor DATE 2/15/2007 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when first stating)</small>					
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		
TITLE C NAME DELANEY, ROBERT STREET ADDRESS 25821 PEBBLE CREEK DR. CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete		TITLE President NAME Marc Van Dam STREET ADDRESS 5881 Tamiami Trail North CITY-ST-ZIP Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME WILLIAMS, ROBIN F STREET ADDRESS 5111 TAMIA MI TR. NORTH CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE Vice-President NAME Jack Wert STREET ADDRESS 3050 N. Horseshoe Dr. CITY-ST-ZIP NAPLES, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HENNESSY, JIM STREET ADDRESS 12200 TAMIA MI TR. NORTH CITY-ST-ZIP NAPLES, FL 39110	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Mark Schurtz STREET ADDRESS 2630 Northbrooke Plaza Dr. CITY-ST-ZIP Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE Secretary NAME Michelle Strain STREET ADDRESS 5111 Tamiami Trail North CITY-ST-ZIP Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 an address, with all other like empowered.					
SIGNATURE: <i>Marc Van Dam</i> Marc Van Dam DATE 2/27/07 DAYTIME PHONE # 239-659-3122 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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02052007 Chg-NP CR2E037 (12/06)

4. FEI Number
56-2436097

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

WEST, JACK
3050 N. HORSESHOE DR.
#218
NAPLES, FL 34104

Name **Ralph Pryor**
Street Address (P.O. Box Number is Not Acceptable)
3050 N. Horseshoe Dr. #218
City **Naples** FL **34104**

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 **Ralph P. Pryor, Sports Coordinator - Ralph P. Pryor** DATE **2/15/2007**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when first stating)

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
C
NAME
DELANEY, ROBERT
STREET ADDRESS
25821 PEBBLE CREEK DR.
CITY-ST-ZIP
BONITA SPRINGS, FL 34135

☒ Delete

TITLE
President
NAME
Marc Van Dam
STREET ADDRESS
5881 Tamiami Trail North
CITY-ST-ZIP
Naples, FL 34103

☒ Change ☐ Addition

TITLE
T
NAME
WILLIAMS, ROBIN F
STREET ADDRESS
5111 TAMIA MI TR. NORTH
CITY-ST-ZIP
NAPLES, FL 34103

☒ Delete

TITLE
Vice-President
NAME
Jack Wert
STREET ADDRESS
3050 N. Horseshoe Dr.
CITY-ST-ZIP
NAPLES, FL 34104

☒ Change ☐ Addition

TITLE
S
NAME
HENNESSY, JIM
STREET ADDRESS
12200 TAMIA MI TR. NORTH
CITY-ST-ZIP
NAPLES, FL 39110

☒ Delete

TITLE
Treasurer
NAME
Mark Schurtz
STREET ADDRESS
2630 Northbrooke Plaza Dr.
CITY-ST-ZIP
Naples, FL 34119

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
Secretary
NAME
Michelle Strain
STREET ADDRESS
5111 Tamiami Trail North
CITY-ST-ZIP
Naples, FL 34103

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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CITY-ST-ZIP

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☐ Delete

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE: *Marc Van Dam* **Marc Van Dam** DATE **2/27/07** DAYTIME PHONE # **239-659-3122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR