

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001404

FILED
Mar 21, 2009
Secretary of State

Entity Name: COLLIER COUNTY SPORTS ORGANIZING COMMITTEE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

3050 N. HORSESHOE DR.
#210
NAPLES, FL 34104

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 11135
NAPLES, FL 34101

FEI Number: 56-2436097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRYOR, RALPH P RA
3050 N. HORSESHOE DR.
#218
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

PRYOR, RALPH P RA
3050 N. HORSESHOE DR.
#210
NAPLES, FL 34104 US

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.

SIGNATURE:

03/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VAN DAM, MARC
Address: 5068 TAMiami TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: WERT, JACK
Address: 3050 N HORSESHOE DR
City-St-Zip: NAPLES, FL 34101

Title: T () Delete
Name: SCHURTZ, MARK
Address: 2630 NORTHBROOK PLAZA DR
City-St-Zip: NAPLES, FL 34119

Title: S (X) Delete
Name: JENSEN, JACQUELINE
Address: 3050 N. HORSESHOE DR. #218
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WERT, JACK
Address: 3050 N HORSESHOE DR #218
City-St-Zip: NAPLES, FL 34101

Title: T (X) Change () Addition
Name: SCHURTZ, MARK
Address: 3798 WHITE LAKE BLVD.
City-St-Zip: NAPLES, FL 34117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH P. PRYOR

RA

03/21/2009

Electronic Signature of Signing Officer or Director

Date