

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006842

FILED
Apr 24, 2008
Secretary of State

Entity Name: COLLIER COUNTY NON-DISCRIMINATION COALITION, INC.

Current Principal Place of Business:

7093 TIMBERLAND CIRCLE
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351
NAPLES, FL 34106

New Mailing Address:

FEI Number: 65-1268170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDEL, CHARLENE A
1425 CREECH ROAD
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BALL, DOUGLAS L
Address: 7093 TIMBERLAND CIRCLE
City-St-Zip: NAPLES, FL 34109 US

Title: VP () Delete
Name: FRANKLIN, LAVERNE
Address: 7005 KIWI PLACE
City-St-Zip: NAPLES, FL 34112 US

Title: SEC () Delete
Name: CASH, GAIL
Address: 32 PEBBLE BEACH BOULEVARD
City-St-Zip: NAPLES, FL 34113 US

Title: TRES () Delete
Name: JACOBSON, ANN
Address: 170 EDGEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34103 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SLOTE, KIM
Address: 1425 CREECH ROAD
City-St-Zip: NAPLES, FL 34103 US

Title: SEC (X) Change () Addition
Name: CASH, GAIL
Address: 4001 SANTA BARBARA BLVD.
City-St-Zip: NAPLES, FL 34104 US

Title: TRES (X) Change () Addition
Name: PRESIDENT SERVES AS, INTERIM TREASURER
Address: 7093 TIMBERLAND CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: COSE () Change (X) Addition
Name: BENSON, MARK
Address: 6831 OLD BANYAN WAY
City-St-Zip: NAPLES, FL 34109 US

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: DOUGLAS L. BALL

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date