2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N07000000058

Entity Name: FRIENDS OF COLLIER, INC.

Current Principal Place of Business:

8300 COLLIER BOULEVARD
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

8300 COLLIER BOULEVARD
NAPLES, FL 34114

New Mailing Address:

FEI Number: 20-8439888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SKELDON, CHARLENE
842 PERRINE CT.
MARCO ISLAND, FL 34145 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: D ( ) Delete
Name: SKELDON, CHARLENE
Address: 842 PERRINE CT.
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete
Name: GILL, PAUL
Address: 8900 LELY ISLAND CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete
Name: DAVIS, BETTY
Address: 3729 ASHLEY COURT
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: DAVIS, GEORGE
Address: 3729 ASHLEY CT.
City-St-Zip: NAPLES, FL 34116

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SKELDON, CHARLENE
Address: 842 PERRINE CT.
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP (X) Change ( ) Addition
Name: GILL, PAUL
Address: 8900 LELY ISLAND CIRCLE
City-St-Zip: NAPLES, FL 34113

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

Title: T (X) Change ( ) Addition
Name: DAVIS, GEORGE
Address: 3729 ASHLEY CT.
City-St-Zip: NAPLES, FL 34116

Title: S ( ) Change (X) Addition
Name: KENDALL, GINNY
Address: 28 WATERCOLOR WAY
City-St-Zip: NAPLES, FL 34113

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: CHARLENE SKELDON P 03/29/2009

Electronic Signature of Signing Officer or Director — Date