FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09830 (3)

1. Corporation Name
COLLIER COUNTY SHERIFF'S DEPARTMENT BENEFIT FUND COMMITTEE, INCORPORATED

Principal Place of Business	Mailing Address
% LAWRENCE L. HAMILTON 3301 E. TAMIAMI TR., BLDG. J. NAPLES FL 33962 US	C/O FRED L. HAMILTON 3301 E. TAMIAMI TR., BLVD. J. NAPLES FL 33962 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1985
3a. Date of Last Report: 03/08/1994
4. FEI Number: NOT APPLICABLE — Applied For ☐ Not Applicable ☒

2. Principal Place of Business	2a. Mailing Address
21 % Fred L. Hamilton	26
Suite, Apt. #, etc. 22 Bldg. J 3301 E. Tamiami Tr.	Suite, Apt. #, etc. 27
City & State 23 Naples, FL	City & State 28
Zip 24 33962 Country 25 US	Zip 29 Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAMILTON, FRED L. 3301 E. TAMIAMI TR. BUILDING J. NAPLES FL 33962	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X [signature] Fred L. Hamilton Apr. 19, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, FRED L.	1.2 NAME		
STREET ADDRESS	5071 32ND AVE., S.W.	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	RILEY, SUSAN K.	2.2 NAME		
STREET ADDRESS	875 22ND ST NE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	TVD	3.1 TITLE		☐ Change ☐ Addition
NAME	HORROM, STEPHEN E	3.2 NAME		
STREET ADDRESS	2263 WASHINGTON AVE.	3.3 STREET ADDRESS	4560 Bayshore Dr. - Apt.#118	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MULLEN, PATRICK	4.2 NAME		
STREET ADDRESS	1080 HILLTOP DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RIVERA, MARIE	5.2 NAME		
STREET ADDRESS	2540 53RD TERR., S.W.	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, SCOTT	6.2 NAME		
STREET ADDRESS	859 92ND AVE NO	6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] Fred L. Hamilton Apr. 19, 1995 813-695-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061496