FILE NOW: FILING FEE IS $61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N09830 (3)

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

Principal Place of Business	Mailing Address
% FRED 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

3. Date Incorporated or Qualified: 06/18/1985
3a. Date of Last Report: 02/29/1996

2. Principal Place of Business	2a. Mailing Address
21 % Fred L. Hamilton	26 % Fred L. Hamilton
Suite, Apt. #, etc. 22 3301 E. Tamiami Tr. Bldg. J.	Suite, Apt. #, etc. 27 3301 E. Tamiami Tr. Bldg. J.
City & State 23 Naples Fl.	City & State 28 Naples Fl.
Zip 24 34112 Country 25 US	Zip 29 34112 Country 30 US

4. FEI Number: ~~NOT APPLICABLE~~ 65-0722892 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

HAMILTON, FRED L.
3301 E. TAMIAMI TR.
BUILDING J.
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code 34112

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[ ] DELETE	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	VD	[X] DELETE	2.1 TITLE	V/D	[ ] Change [X] Addition
NAME	RILEY, SUSAN K.		2.2 NAME	DUNFEE, JANELLE L.	
STREET ADDRESS	975 22ND ST NE		2.3 STREET ADDRESS	3323 Corana Way	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples Fl	
TITLE	TD	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	MILLER, BARBARA A.		3.2 NAME		
STREET ADDRESS	3190 52ND LANE SW		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	SD	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	OJANOVAC, NICK		4.2 NAME		
STREET ADDRESS	2015 HOLIDAY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	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	[ ] DELETE	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 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.

CR2E037 (9/96)