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03-24-1999 90041 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09830

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 34112 US	C/O FRED L. HAMILTON 3301 E. TAMIAMI TR., BLVD. J. NAPLES FL 34112 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 06/18/1985 4. FEI Number 65-0722892 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Same agent-new zip code
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	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DUNFEE, JANELLE L		2.2 NAME		
STREET ADDRESS	3323 CORANA WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
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	XX DELETE	4.1 TITLE	SD	☐ Change XX Addition
NAME	OJANOVAC, NICK		4.2 NAME	LAUER, ANTHONY	
STREET ADDRESS	2015 HOLIDAY LANE		4.3 STREET ADDRESS	2750 2nd STREET N.W.	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	NAPLES, FL	
TITLE	D	XX DELETE	5.1 TITLE	D	☐ Change XX Addition
NAME	RIVERA, MARIE		5.2 NAME	BAKER, MARK	
STREET ADDRESS	2540 53RD TERR., S.W.		5.3 STREET ADDRESS	3661 31st AVE. S.W.	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	NAPLES, FL	
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		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Barbara A Miller SIGNATURE REQUIRED Barbara A Miller 3-16-99 941-793-9331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #