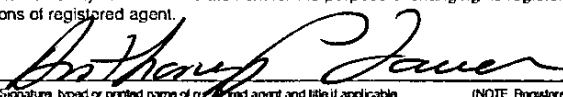


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90273 011 ****61.25

DOCUMENT # N09830 1. Entity Name COLLIER COUNTY SHERIFF'S OFFICE BENEFIT FUND COMMITTEE, INCORPORATED					
Principal Place of Business 3301 E. TAMiami TR. BLDG. J NAPLES, FL 34112-4902 US			Mailing Address 3301 E. TAMiami TR. BLDG. J NAPLES, FL 34112-4902 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0722892				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAUER, ANTHONY P 3301 E. TAMiami TR. BUILDING J. NAPLES, FL 34112-4902			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.			DATE 16 FEB., 2005 (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LAUER, ANTHONY P		NAME		
STREET ADDRESS	3301 E. TAMiami TR. BLDG. J		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341124902		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HEBE BRAND, KAREN		NAME		
STREET ADDRESS	3301 E. TAMiami TR. BLDG. J		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341124902		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HUNT, LINDA		NAME		
STREET ADDRESS	3301 E. TAMiami TR. BLDG. J		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341124902		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	ANDERSON, SCOTT		NAME		
STREET ADDRESS	3301 E. TAMiami TR. BLDG. J		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341124902		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MORELAND, KENIA		NAME		
STREET ADDRESS	3301 E TAMiami TRAIL BLDG J		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341124902		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NOTTLE, LESA		NAME		
STREET ADDRESS	3301 E. TAMiami TR. BLDG. J		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341124902		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/21/05 Daytime Phone # 239-793-9323		