2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jul 21, 2008 8:00 am Secretary of State

07-21-2008 90030 011 ****61.25

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	/ IVILIV	1 17 14	

1. Entity Name
COLL IER COUNTY SHERIEF'S OFFICE BENEFIT FUND



	TEE, INCORPORATED	OL BLINEI II I OND			٠					
3301 E. TAN	e of Business MAMI TR. BLDG, J 34112-4902 US	Mailing Address 3301 E. TAMIAMI TR. BLC NAPLES, FL 34112-4902			4U J	Tine	-			
										E 4 E 11
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		· ·						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			0716200)8 Chg-1	NΡ	CR2E	37 (12/06)	
City & Stat	е	City & State			4. FEI Nu 65-0	mber 722892	• • •			pplied For
Zip	Country	Zip	Country			ate of Status	Desired		\$8.75 Ad	Iditional
	6. Name and Address of Current F	legistered Agent			7. Name	and Address	s of New	Registered		
LAUED A			Name					-		
3301 E. TA	NTHONY P AMIAMI TR.		Street A	ddress (I	P.O. Box Nu	mber is Not	Acceptat	ole)		
BUILDING NAPLES, I	FL 34112-4902									
			City		=			FI	Zip Coo	et
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a		legistered Agent signat	beruper eru	when reinstating)		DATE		
D	Filing Fee is \$61.25 ue by September 12, 2008	9. Election Camp. Trust Fund Cor			\$5.00 Ma Added to Fe				k payable t irtment of S	
40										
10.	OFFICERS AND DIR		11.	<i>f</i>	ADDITIONS	CHANGES 1	O OFFIC	ERS AND D	IRECTORS II	
TITLE .NAME STREET ADDRESS CITY-\$1-ZIP	OFFICERS AND DIR PD LAUER, ANTHONY P 3301 E. TAMIAMI TR. BLDG. J NAPLES, FL 341124902	ECTORS Delete	11. TITLE NAME STREET ADDRESS CHY-SI-ZIP	T Nel	son,	Jeffr Tamia	ey A	A Fr. B.	Change	Addition
TITLE NAME STREET ADDRESS	PD LAUER, ANTHONY P 3301 E. TAMIAMI TR. BLDG. J		TITLE NAME STREET ADDRESS	T Nel	son,	Jeffr	ey A	A Fr. B.	☐ Change	Addition
INLE INAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD LAUER, ANTHONY P 3301 E. TAMIAMI TR. BLDG. J NAPLES, FL 341124902 VD DINDA, JOHN 3301 E TAMIAMI TRL BLDG J	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T Nel	son,	Jeffr Tamia	ey A	A Fr. B.	□ Change	Addition
TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD LAUER, ANTHONY P 3301 E. TAMIAMI TR. BLDG. J NAPLES, FL 341124902 VD DINDA, JOHN 3301 E TAMIAMI TRL BLDG J NAPLES, FL 341124902 SD HUNT, LINDA 3301 E-TAMIAMI TR. BLDG. J	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ** STREET ADDRESS	T Nel	son,	Jeffr Tamia	ey A	A Fr. B.	□ Change	Addition Addition
ITILE INAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLL NAME STREET ADDRESS	PD LAUER, ANTHONY P 3301 E. TAMIAMI TR. BLDG. J NAPLES, FL 341124902 VD DINDA, JOHN 3301 E TAMIAMI TRL BLDG J NAPLES, FL 341124902 SD HUNT, LINDA 3301 ETAMIAMI TR. BLDG. J NAPLES, FL 341124902 T MORELAND, KENIA 3301 E TAMIAMI TR BLDG J-1	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T Nel	son,	Jeffr Tamia	ey A	A Fr. B.	☐ Change ☐ Change ☐ Change	Addition Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 MANE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #