


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90108 029 \*\*\*\*61.25

<b>DOCUMENT # N13431</b>					
<b>1. Entity Name</b> LEAGUE OF WOMEN VOTERS OF COLLIER COUNTY, INC.					
<b>Principal Place of Business</b> PO BOX 9883 NAPLES, FL 34101 US			<b>Mailing Address</b> PO BOX 9883 NAPLES, FL 34101 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04222008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 51-0163255				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JODER, MARJORIE J 409 ARBOR LAKE DRIVE NAPLES, FL 34110			Name <u>Marjorie J Joder</u> Street Address (P.O. Box Number is Not Acceptable) <u>409 Arbor Lake Dr</u> City <u>Naples</u> <u>FL</u> Zip Code <u>34110</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, NICOLE 1450 MERIHUE DRIVE NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bonnie Michaels 592 Beachwalk Circle N202 Naples FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP PARKER, SANDY 3035 MONALISA BLVD NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st V.P. Lydia Galton 442 Rosemeade Lane Naples, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMMELZ, BERNICE 5575 DOGWOOD WAY NAPLES, FL 34116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bernice Schmelz	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUCHER, JEANNETTE 5601 TURTLE BAY DR H1403 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kathleen Siebodnik 32 Pebble Beach Blvd Naples, FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRATON, CHRIS 4260 MONTALUO CT NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4260 Montalvo Ct.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT JODER, MARJORIE 409 ARBOR LAKE DR NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Marjorie J Joder</u> <b>MARJORIE J JODER</b> <u>4/22/08</u> <u>239-513-9400</u>					