


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90029 016 \*\*\*\*61.25

<b>DOCUMENT # N19918</b> 1. Entity Name <b>CHARACTER COUNCIL OF COLLIER COUNTY, INC.</b>		
Principal Place of Business 702 BOB WHITE LANE NAPLES FL 34108-3430 US	Mailing Address 702 BOB WHITE LANE NAPLES FL 34108-3430 US	
2. Principal Place of Business <b>420 WIDGEON POINTE</b>	3. Mailing Address <b>2316 PINE RIDGE RD #431</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

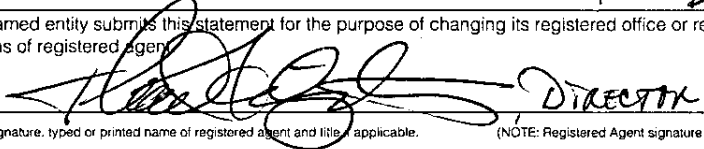


MOORE CR2E037 (11/03)

City & State <b>NAPLES, FL</b>	City & State <b>NAPLES, FL</b>	4. FEI Number <b>59-2811937</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34105-2434</b>	Country <b>US</b>	Zip <b>34109-2006</b>	Country <b>US</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>HATTEMER, BARBARA M. 702 BOB WHITE LANE NAPLES FL 34108-3430</b>		7. Name and Address of New Registered Agent Name <b>Thad Kirkpatrick, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Cohen &amp; Grigsby, P.C. 27200 Riverview Center Blvd Ste 309</b> City <b>Bonita Springs</b> FL Zip Code <b>34134</b>	
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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  DIRECTOR DATE **3/2/04**

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PH/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HATTEMER, BARBARA			NAME	KIRKPATRICK, LAVIGNE		
STREET ADDRESS	702 BOB WHITE LANE			STREET ADDRESS	420 WIDGEON POINTE		
CITY-ST-ZIP	NAPLES FL 34108			CITY-ST-ZIP	NAPLES, FL 34105		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, KAREN LT			NAME	ELLIS, FRANKLIN W.		
STREET ADDRESS	788 PARK SHORE DR #C35			STREET ADDRESS	110 HOLLY BRIAR LANE		
CITY-ST-ZIP	NAPLES FL 34103			CITY-ST-ZIP	NAPLES, FL 34108		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KELLER, JENNIE			NAME	FERENZ, LEONARD PHD		
STREET ADDRESS	4441 15TH AVENUE SW			STREET ADDRESS	6630 BEACH RESORT DR #9		
CITY-ST-ZIP	NAPLES FL 34116			CITY-ST-ZIP	NAPLES, FL 34114		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABRAHAM-WHALLEY, THERESA			NAME			
STREET ADDRESS	11740 QUAIL VILLAGE WAY			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34119			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABBOTT, LINDA			NAME			
STREET ADDRESS	1306 28TH AVE N			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MINOZZI, MIKE			NAME			
STREET ADDRESS	250 FILL CT			STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 34145			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:  LAVIGNE A. KIRKPATRICK DIRECTOR/PRESIDENT DATE **03/05/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **239-403-0862**