

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19918

FILED
Apr 26, 2006
Secretary of State

Entity Name: CHARACTER COUNCIL OF COLLIER COUNTY, INC.

Current Principal Place of Business:

420 WIDGEON POINTE
NAPLES, FL 341052434 US

New Principal Place of Business:

Current Mailing Address:

2316 PINE RIDE RD.
#431
NAPLES, FL 341092006 US

New Mailing Address:

FEI Number: 59-2811937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRKPATRICK, THAD ESQ.
C/O COHEN & GRIGSBY, PC
27200 RIVERVIEW CENTER BLVD., STE. 309
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: KIRKPATRICK, LAVIGNE
Address: 420 WIDGEON POINTE
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: ELLIS, FRANKLIN W
Address: 710 HOLLY BRIAR LANE
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: FERENZ, LEONARD PHD
Address: 6630 BEACH RESORT DR., #9
City-St-Zip: NAPLES, FL 34114

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KIRKPATRICK, LAVIGNE A
Address: 420 WIDGEON POINTE
City-St-Zip: NAPLES, FL 34105

Title: VPD (X) Change () Addition
Name: FERENZ, LEONARD W PHD
Address: 6630 BEACH RESORT DRIVE #9
City-St-Zip: NAPLES, FL 34114

Title: SD (X) Change () Addition
Name: COLBERT, MARSHA
Address: 75 JOHNNYCAKE DR.
City-St-Zip: NAPLES, FL 34110

Title: TD () Change (X) Addition
Name: GROOSE, DEXTER R
Address: 5202 KENSINGTON HIGH STREET
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVIGNE A. KIRKPATRICK

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date