


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90030 041 ****61.25

DOCUMENT # N33708

1. Entity Name
COLLIER COUNTY SCHOOL BOARD FOUNDATION, INC.



Principal Place of Business
**5775 OCEOLA TRAIL
 NAPLES, FL 34109-0919**

Mailing Address
**5775 OCEOLA TRAIL
 NAPLES, FL 34109-0919**

RECEIVED
50007059



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-6000557

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WITHERS, RICHARD W
 COLLIER COUNTY SCHOOL BOARD
 5775 OSCEOLA TRAIL
 NAPLES, FL 34109**

7. Name and Address of New Registered Agent
 Name **WITHERS, RICHARD, W**
 Street Address (P.O. Box Number is Not Acceptable)
**COLLIER COUNTY SCHOOL BOARD
 5775 OSCEOLA TRAIL**
 City **NAPLES** FL Zip Code **34109**

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  **1.7.05**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, PATRICIA 5775 OSCEOLA TRAIL NAPLES, FL 341090919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURATOLO, KATHLEEN 5775 OSCEOLA TRAIL NAPLES, FL 341090919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, STEVEN J 5775 OSCEOLA TRAIL NAPLES, FL 341090919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, LINDA 5775 OSCEOLA TRAIL NAPLES, FL 341090919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WITHERS, RICHARD W 5775 OSCEOLA TRAIL NAPLES, FL 341090919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRUCE, DICK J 5775 OSCEOLA TRAIL NAPLES, FL 341090919 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARROLL, PATRICIA 5775 OSCEOLA TRAIL NAPLES, FL 34109-0919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CURATOLO, KATHLEEN 5775 OSCEOLA TRAIL NAPLES, FL 34109-0919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, DICK J 5775 OSCEOLA TRAIL NAPLES, FL 34109-0919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE:  **1.7.05 239-377-0499**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #