


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

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90006 024 \*\*\*\*70.00

**DOCUMENT # N33708**

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




Principal Place of Business <b>5775 OCEOLA TRAIL          LEGAL DEPARTMENT          NAPLES, FL 34109-0919</b>	Mailing Address <b>5775 OCEOLA TRAIL          LEGAL DEPARTMENT          NAPLES, FL 34109-0919</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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01082008 Chg-NP CR2E037 (12/06)



4. FEI Number  
**56-2508350**

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

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. **RICHARD W. WITHERS, SCHOOL BOARD ATTORNEY**

SIGNATURE *Richard W. Withers* DATE *January 8, 2008*

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

**Filing Fee is \$61.25 Due by May 1, 2008**

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	D	<input type="checkbox"/> Delete
NAME	CARROLL, PATRICIA	
STREET ADDRESS	5575 OSCEOLA TRAIL	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURATOLO, KATHLEEN	
STREET ADDRESS	5775 OSCEOLA TRAIL	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DONOVAN, STEVEN J	
STREET ADDRESS	5775 OSCEOLA TRAIL	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ABBOTT, LINDA	
STREET ADDRESS	5775 OSCEOLA TRAIL	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WITHERS, RICHARD W.	
STREET ADDRESS	5775 OSCEOLA TRAIL	
CITY-ST-ZIP	NAPLES, FL 341090919	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALABRESE, RICHARD	
STREET ADDRESS	5775 OSCEOLA TRAIL	
CITY-ST-ZIP	NAPLES, FL 34108	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

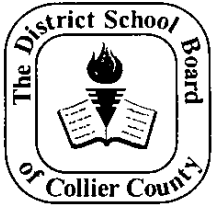
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, PATRICIA	
STREET ADDRESS	5575 Osceola Trail, Naples, FL 34019	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5775 Osceola Trail, Naples, FL 34109	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, STEVEN J	
STREET ADDRESS	5775 Osceola Trail, Naples, FL 34109	
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, LINDA	
STREET ADDRESS	5775 Osceola Trail, Naples, FL 34109	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5775 Osceola Trail, Naples, FL 34109	
CITY-ST-ZIP		

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.

**LINDA ABBOTT, CHAIR PERSON - PRESIDENT**

SIGNATURE: *Linda Abbott* DATE: *01-08-08*

Signature and typed or printed name of signing officer or director Date Daytime Phone #



THE SCHOOL DISTRICT OF COLLIER COUNTY  
OFFICE OF THE SCHOOL BOARD ATTORNEY  
5775 Osceola Trail  
Naples, Florida 34109-0919  
(239) 377-0499  
(239) 377-0501 FAX

ATTACHMENT # 40005953  
N33708

January 9, 2008

Divisions of Corporations  
P.O.Box 1500  
Tallahassee, Florida 32302-1500

Re: 2008 Annual Report / Collier County School Board Foundation, Inc.

Dear Sirs:

Enclosed please find our Annual Report, Document No. N33708 and a check made payable to Florida Department of State in the amount of \$70.00.

Once our report and request is processed please return the Certificate of Status to the following address:

The School District of Collier County Florida  
Attention: Micki D. Shirar, Transactional Paralegal  
Legal Department/5775 Osceola Trail  
Naples, Florida 34109-0919  
• Self-Addressed envelope provided

If you should have questions or need additional information, please contact my office at (239)377-0503.

Respectfully submitted,

Micki D. Shirar  
Transactional Paralegal

Enclosures As Noted

COLLIER COUNTY CHARACTER EDUCATION TRAITS

*Citizenship Cooperation Honesty Kindness Patriotism Perseverance  
Respect Responsibility Self-Control Tolerance*

THE COLLIER COUNTY PUBLIC SCHOOL SYSTEM IS AN EQUAL ACCESS / EQUAL OPPORTUNITY INSTITUTION FOR EDUCATION AND EMPLOYMENT.