

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33708

FILED  
Jan 06, 2011  
Secretary of State

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

**Current Principal Place of Business:**

5775 OSCEOLA TRAIL  
LEGAL DEPARTMENT  
NAPLES, FL 341090919

**New Principal Place of Business:**

5775 OSCEOLA TRAIL  
LEGAL DEPARTMENT - ATTN: MS. SHIRAR  
NAPLES, FL 341090919

**Current Mailing Address:**

5775 OSCEOLA TRAIL  
LEGAL DEPARTMENT  
NAPLES, FL 341090919

**New Mailing Address:**

5775 OSCEOLA TRAIL  
LEGAL DEPARTMENT - ATTN: MS. SHIRAR  
NAPLES, FL 341090919

**FEI Number:** 56-2508350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FISHBANE, JON ESQUIRE  
C/O COLLIER COUNTY SCHOOL BOARD  
5775 OSCEOLA TRAIL  
NAPLES, FL 34109 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: DP  
Name: SPRAGUE, JULIE  
Address: 5575 OSCEOLA TRAIL  
City-St-Zip: NAPLES, FL 34019

Title: DV  
Name: TERRY, ROY III  
Address: 5775 OSCEOLA TRAIL  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: BERRY, BARBARA B  
Address: 5775 OSCEOLA TRAIL  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: CARROLL, PATRICIA  
Address: 5775 OSCEOLA TRAIL  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: CURATOLO, KATHLEEN  
Address: 5775 OSCEOLA TRAIL  
City-St-Zip: NAPLES, FL 341090919

Title: AS  
Name: FISHBANE, JON  
Address: 5775 OSCEOLA TRAIL  
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: JULIE SPRAGUE

PRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date