

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39212

FILED
Mar 19, 2008
Secretary of State

Entity Name: THE EDUCATION FOUNDATION OF COLLIER COUNTY, INC.

Current Principal Place of Business:

2590 GOLDEN GATE PKWY
#101
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

2590 GOLDEN GATE PKWY
#101
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 65-0230582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERNON, CHRISTOPHER
TREISER, COLLINS & VERNON
3080 TAMiami TRAIL EAST
NAPLES, FL 34112 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: D () Delete
Name: HILL, MARY L
Address: 985 1ST AVE S
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: MAXWELL, MICHAEL
Address: 3200 BAILEY LANE
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: TRITTLER, PATRICK
Address: 4500 EXECUTIVE DR STE 320
City-St-Zip: NAPLES, FL 34105

Title: S () Delete
Name: CAVUOTO, RITA
Address: 4888 POND APPLE DR N
City-St-Zip: NAPLES, FL 34119

Title: T () Delete
Name: BRADLEY, TODD
Address: 5551 RIDGEWOOD DR
City-St-Zip: NAPLES, FL 34108

Title: PRES () Delete
Name: MCMANUS, SUSAN
Address: 2590 GOLDEN GATE PKWY #101
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WALKER, RICK
Address: 4933 N TAMiami TRAIL #202
City-St-Zip: NAPLES, FL 34103

Title: S (X) Change () Addition
Name: WAITE, SANDY
Address: 73 COMMERCIAL BLVD.
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change () Addition
Name: BRADLEY, TODD
Address: 5551 RIDGEWOOD DR
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN MCMANUS

PRES

03/19/2008

Electronic Signature of Signing Officer or Director

Date