2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# N43308

Entity Name: COLLIER COUNTY BAR FOUNDATION, INC.

Current Principal Place of Business:

3301 TAMIAMI TRAIL EAST, BLDG L
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

3301 TAMIAMI TRAIL EAST, BLDG L
NAPLES, FL 34112

New Mailing Address:

FEI Number: 65-0268501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MEAD, LISA A
COLLIER COUNTY BAR FOUNDATION
3301 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:	PD	( ) Delete
Name:	PASSIDOMO, KATHLEEN	
Address:	2390 TAMIAMI TRL N STE 204	
City-St-Zip:	NAPLES, FL 34103	
Title:	TD	( ) Delete
Name:	MARTIN, JANEICE	
Address:	2670 AIRPORT ROAD SOUTH	
City-St-Zip:	NAPLES, FL 34112	
Title:	TREA	( ) Delete
Name:	VAN DIEN, PIETER	
Address:	4001 TAMIAMI TRAIL NORTH	
City-St-Zip:	NAPLES, FL 34103	
Title:	SEC	( ) Delete
Name:	SCUDERI, JON	
Address:	745 12TH AVE S., #101	
City-St-Zip:	NAPLES, FL 34102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KATHLEEN PASSIDOMO PD 03/25/2008

Electronic Signature of Signing Officer or Director — Date