

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 17 PM 3:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N45256 (7)
1. Corporation Name
COLLIER COUNTY CONSERVATION CLUB, INC.

Principal Place of Business Mailing Address
**2500 JENKINS WAY
NAPLES FL 33964**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/23/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0307902** Applied For ☐
Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**JENKINS, WAYNE
2500 JENKINS WAY
NAPLES FL 33964**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JENKINS, WAYNE
STREET ADDRESS	2500 JENKINS WAY
CITY-ST-ZIP	NAPLES FL
TITLE	SD
NAME	CHRZANOSKI, STANLEY
STREET ADDRESS	1716 46TH STREET SW
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	EVERS, JOHN
STREET ADDRESS	3401 41ST AVENUE NE
CITY-ST-ZIP	NAPLES FL
TITLE	TD
NAME	EVERS, JEANELL
STREET ADDRESS	3401 41 AVE NE
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	BURTCHIN
STREET ADDRESS	691 22 ST NE
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	HUGHES, DARYL
STREET ADDRESS	520 27 ST NW
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	VD
5.3 STREET ADDRESS	DAVID RONALD SMITH
5.4 CITY-ST-ZIP	540 23RD ST. S.W.
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	NAPLES, FL. 33964
6.3 STREET ADDRESS	D
6.4 CITY-ST-ZIP	SAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DOYLE WAYNE JENKINS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doyle Wayne Jenkins

1/17/95 (813)455-8109

Title

Chapter 817, Florida Statutes