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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N45256** **(7)**

1. Corporation Name
COLLIER COUNTY CONSERVATION CLUB, INC.

Principal Place of Business	Mailing Address
2500 JENKINS WAY NAPLES FL ~~33964~~ 34117	2500 JENKINS WAY NAPLES FL 34117-8401

3. Date Incorporated or Qualified: 09/23/1991
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business — 21: NEW ZIP 34117
2a. Mailing Address — 26:
22: Suite, Apt. #, etc
27: Suite, Apt. #, etc.
23: City & State
28: City & State
24: Zip
25: Country
29: Zip
30: Country

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

JENKINS, WAYNE
2500 JENKINS WAY
NAPLES FL ~~33964~~ 34117

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 34117

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, WAYNE		1.2 NAME		
STREET ADDRESS	2500 JENKINS WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHRZANOSKI, STANLEY		2.2 NAME		
STREET ADDRESS	1716 46TH STREET SW		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WAGGONER, JACK		3.2 NAME		
STREET ADDRESS	2690 PINE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	EVERS, JEANELL		4.2 NAME	HUGHES, DARYL	
STREET ADDRESS	3401 41 AVE NE		4.3 STREET ADDRESS	520 27th ST. NW	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	NAPLES, FL. 34120	
TITLE	D	☑ DELETE	5.1 TITLE	VP	☐ Change ☐ Addition
NAME	SMITH, DAVID RONALD		5.2 NAME	SMITH, DAVID RONALD	
STREET ADDRESS	540 23RD ST SW		5.3 STREET ADDRESS	540 23RD ST. SW	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	NAPLES, FL. 34117	
TITLE	VP	☑ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	HUGHES, DARYL		6.2 NAME	MILLER, LESTER	
STREET ADDRESS	520 27 ST NW		6.3 STREET ADDRESS	590 4TH ST. S.E	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	NAPLES FL. 34117	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne Jenkins WAYNE JENKINS 2/3/97 (941) 455-8109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0060726