


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90056 040 \*\*\*\*61.25

<b>DOCUMENT # N45256</b> 1. Entity Name <b>COLLIER SPORTSMEN &amp; CONSERVATION CLUB, INC.</b>					
Principal Place of Business <b>2500 JENKINS WAY NAPLES, FL 34117 US</b>			Mailing Address <b>2500 JENKINS WAY NAPLES, FL 34117 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03172004 Chg-NP CR2E037 (10/03) 4. FEI Number <b>65-0307902</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JENKINS, WAYNE 2500 JENKINS WAY NAPLES, FL 34117</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JENKINS, WAYNE</b>		NAME		
STREET ADDRESS	<b>2500 JENKINS WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34117</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHRZANOSKI, STANLEY</b>		NAME		
STREET ADDRESS	<b>7779 JEWEL LANE #102</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34109</b>		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SORRELL, MIKE</b>		NAME	<b>CLARENCE E. DARST</b>	
STREET ADDRESS	<b>2335 WILSON BLVD. N.</b>		STREET ADDRESS	<b>2379 ANDREW DR. S.</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34120</b>		CITY-ST-ZIP	<b>NAPLES, FL. 34112</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HUGHES, DARYL</b>		NAME		
STREET ADDRESS	<b>1728 52ND TERR. SW</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34116</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, DAVID RONALD</b>		NAME	<b>PAUL MORGAN</b>	
STREET ADDRESS	<b>540 23RD ST. S.W.</b>		STREET ADDRESS	<b>5954 GREEN BL.</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34117</b>		CITY-ST-ZIP	<b>NAPLES, FL. 34116</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SANDOVAL, MANUEL</b>		NAME	<b>MARY JANE BALLARD</b>	
STREET ADDRESS	<b>175 19TH ST. SW</b>		STREET ADDRESS	<b>4500 16th AVE. N.E.</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34117</b>		CITY-ST-ZIP	<b>NAPLES, FL. 34120</b>	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Doyle Wayne Jenkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/17/04 (239) 455-8109</u> <small>Date Daytime Phone #</small>		