2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2005 8:00 am **Secretary of State** DOCUMENT # N45256 1. Entity Name 03-08-2005 90167 043 ****61.25 COLLIER SPORTSMEN & CONSERVATION CLUB, INC. Principal Place of Business Mailing Address 2500 JENKINS WAY 2500 JENKINS WAY NAPLES FL 34117 NAPLES FL 34117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For FEI Number 65-0307902 Not Applicable 7ip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JENKINS, WAYNE Street Address (P.O. Box Number is Not Acceptable) 2500 JENKINS WAY NAPLES FL 34117 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition JENKINS, WAYNE NAME NAMÉ 2500 JENKINS WAY STREET ADDRESS STREET ADDRESS NAPLES FL 34117 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change □ Addition CHRZANOSKI, STANLEY NAME NAME 7779 JEWEL LANE #102 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-7IP CITY-ST-7IP VP THEF □ Delete TITLE Change ☐ Addition DARST, CALRENCE'E NAME NAME -2379 ANDREW DR. S STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE HUGHES, DARYL NAME HUGHES 1728 52ND TERR. SW STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition MORGAN, PAUL NAME 5954 GREEN BLVD. STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition FITLE Detete TITLE BALLARD, MARY JANE NAME NAME 4500 16TH AVE, NE STREET ADDRESS STREET ADDRESS NAPLES FL 34120 CITY-ST-ZIP CITY-ST-ZIP 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.

NTIPO NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #