


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90058 038 ****61.25

DOCUMENT # N45256		
1. Entity Name COLLIER SPORTSMEN & CONSERVATION CLUB, INC.		

Principal Place of Business 2500 JENKINS WAY NAPLES, FL 34117 US	Mailing Address 2500 JENKINS WAY NAPLES, FL 34117 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
JENKINS, WAYNE 2500 JENKINS WAY NAPLES, FL 34117	

40005887



01102007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0307902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, WAYNE	NAME	
STREET ADDRESS	2500 JENKINS WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34117	CITY-ST-ZIP	
TITLE	SD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRZANOSKI, STANLEY	NAME	CHRZANOSKI, STANLEY
STREET ADDRESS	7779 JEWEL LANE #102	STREET ADDRESS	2504 SAILORS WAY
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	NAPLES, FL 34109
TITLE	VP	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POYNER, ALLEN	NAME	POYNER PARST, EUGENE
STREET ADDRESS	6025 GREEN BLVD.	STREET ADDRESS	2379 ANDREW DR.
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	NAPLES, FL 34112
TITLE	TD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POYNER, CHERY	NAME	TD HARVEY, RICHARD
STREET ADDRESS	6025 GREEN BLVD	STREET ADDRESS	6700 SABLE RIDGE LANE
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, RICHARD	NAME	BROWNING, ROBERT
STREET ADDRESS	6700 SABLE RIDGE LANE	STREET ADDRESS	480 37th AVE, N.E.
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	NAPLES FL 34120
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LESTER	NAME	
STREET ADDRESS	590 4TH ST SE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34117	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Wayne Jenkins

1/15/07 (339) 455-8109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #