

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45256

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** COLLIER SPORTSMEN & CONSERVATION CLUB, INC.

**Current Principal Place of Business:**

2500 JENKINS WAY  
NAPLES, FL 34117 US

**New Principal Place of Business:**

**Current Mailing Address:**

2500 JENKINS WAY  
NAPLES, FL 34117 US

**New Mailing Address:**

**FEI Number:** 65-0307902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JENKINS, WAYNE  
2500 JENKINS WAY  
NAPLES, FL 34117 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JENKINS, WAYNE,  
Address: 2500 JENKINS WAY  
City-St-Zip: NAPLES, FL 34117

Title: SD ( ) Delete  
Name: CHRZANOSKI, STANLEY,  
Address: 2504 SAILORS WAY  
City-St-Zip: NAPLES, FL 34109

Title: VP ( ) Delete  
Name: DARST, EUGENE  
Address: 2379 ANDREW DR  
City-St-Zip: NAPLES, FL 34112

Title: TD ( ) Delete  
Name: HARVEY, RICHARD  
Address: 6700 SABLE RIDGE LANE  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: BROWNING, ROBERT  
Address: 480 37TH AVE. NE  
City-St-Zip: NAPLES, FL 34120

Title: D ( ) Delete  
Name: MILLER, LESTER  
Address: 590 4TH ST SE  
City-St-Zip: NAPLES, FL 34117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE DARST

VP

01/09/2009

Electronic Signature of Signing Officer or Director

Date