2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 24, 2007 8:00 am Secretary of State

DOCUMENT # N50209 1. Entity Name PUBLIC RELATIONS ASSOCIATION OF COLLIER COUNTY INC.					O	97-24-2007 9	90040 010 ****61	.25	
Principal Plac P.O. BOX 90 NAPLES, FL	63	Mailing Address P.O. BOX 9063 NAPLES, FL 34101 U	US		_	2,002.	18 BJAN BJAN BJAN BJAN BJAN BJAN B	DYN a y DA 4004	
2. Principal Place of Business - No P.O. Box # 3.		3. Malling Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07132007	Chg-NP	CR2E037 (12/06)		
City & State		City & State			4, FEI Number 65-03788	328		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Current R	egistered Agent			7. Name and Ad	dress of New I	Registered Agent		
MURRAY, DIANA			Name	Name CYNOFE WOOLLEY					
227 SILVERADO DRIVE NAPLES, FL 34119			Street /	Address (P	2.0. Box Number i	s Not Acceptable	le) SQUARE		
			City	NAP	°C & S		FL Zip Coo	de 10 4	
	named entity submits this statement for ions of registered agent.	Wey	egistered office of the control of t			in the State of F	7-/9-67	, and accept	
		the in applicable (MOTE)	neg-siereu Ageni signi	sture required v	witen reinstaurig)		DATE		
D	Filling Fee is \$61.25 ue by September 14, 2007	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		Make check payable		
D.	_	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Flo	Make check payable	State	
10.	officers and directly	9. Election Camp Trust Fund Co	paign Financing ontribution.	A	\$5.00 May Be Added to Fees DDITIONS/CHAN	GES TO OFFICE	Make check payable rida Department of SERS AND DIRECTORS II	State	
10. TITLE NAME	OFFICERS AND DIRECTOR	9. Election Camp Trust Fund Co	paign Financing ontribution. 11. TITLE NAME	A	\$5.00 May Be Added to Fees DDITIONS/CHAN	GES TO OFFICE	Make check payable rida Department of SERS AND DIRECTORS II	N 10	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRECTOR	9. Election Camp Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	P waa 49	\$5.00 May Be Added to Fees DDITIONS/CHAN	FIO GES TO OFFICE YNDER ORATE S	Make check payable and a Department of SERS AND DIRECTORS II	N 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTOR	9. Election Camp Trust Fund Co ECTORS	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P waa 49	\$5.00 May Be Added to Fees DDITIONS/CHAN	FIO GES TO OFFICE YNDER ORATE S	Make check payable order Department of SERS AND DIRECTORS II To Change	State N 10 Addition	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT HAPKE, MARGIE 816 W ELKCAM CIRCLE #306 MARGO ISLAND, PL 34145	9. Election Camp Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	P waa 49	\$5.00 May Be Added to Fees DDITIONS/CHAN	FIO GES TO OFFICE YNDER ORATE S	Make check payable and a Department of SERS AND DIRECTORS II	N 10	
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10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	OFFICERS AND DIRECT OFFICERS AND DIVENAPLES, FL 34110	9. Election Camp Trust Fund Co ECTORS	Daign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P wcc 49 NX	\$5.00 May Be Added to Fees DDITIONS/CHAN OLLEY C 35 CORP	Flo GES TO OFFICE CYNDER ORATES	Make check payable order Department of SERS AND DIRECTORS II To Change	State N 10 Addition	
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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 leport 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: ×

LIMAL WOULS

REMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-07

Daytime Phone #