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NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-13-96

B-6871-C

DOCUMENT # N94000000643 (6)

1. Corporation Name

COLLIER SPORTS OFFICIALS ASSOCIATION, INCORPORATED



Principal Place of Business

Mailing Address

6171 GOLDEN GATE PARKWAY
NAPLES FL 33999

6171 GOLDEN GATE PARKWAY
NAPLES FL 33999

3. Date Incorporated or Qualified

02/09/1994

3a. Date of Last Report

12/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LECOUNT, JERRY R
6171 GOLDENGATE PARKWAY
NAPLES FL 33999

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME THIGPEN, JERRY
STREET ADDRESS 9834 PENNSYLVANIA AVENUE
CITY-ST-ZIP BONITA SPRINGS FL

TITLE D ☐ DELETE

NAME MERRILL, RANDY
STREET ADDRESS 5810 20TH AVENUE S.W.
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME LECOUNT, JERRY
STREET ADDRESS 6171 GOLDEN GATE PARKWAY
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME ESTES, TIM
STREET ADDRESS 739 7TH AVE., NORTH
CITY-ST-ZIP NAPLES FL 33940

TITLE D ☐ DELETE

NAME TORRONI, TED ED
STREET ADDRESS 2436 ORCHID BAY
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME WAHLERS, SCOTT
STREET ADDRESS 4530 7TH AVE., S.W.
CITY-ST-ZIP NAPLES FL 33999

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY R. LECOUNT

Date

Daytime Phone #

CR2E037 (12/95)