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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State
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DOCUMENT # **N94000000643 (6)**

1. Corporation Name

COLLIER SPORTS OFFICIALS ASSOCIATION, INCORPORATED

Principal Place of Business

**6171 GOLDEN GATE PARKWAY
NAPLES FL 33999**

Mailing Address

**6171 GOLDEN GATE PARKWAY
NAPLES FL 34116-7452**

3. Date Incorporated or Qualified
02/09/1994

3a. Date of Last Report
06/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
65-0459700

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LECOUNT, JERRY R
6171 GOLDENGATE PARKWAY
NAPLES FL 33999**

10. Name and Address of New Registered Agent

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, to 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

4-27-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME **MERRILL, RANDY**
STREET ADDRESS **6810 20TH AVENUE S.W.**
CITY-ST-ZIP **NAPLES FL**

TITLE **PRESIDENT** ☐ DELETE

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

TITLE **SECRETARY** ☐ DELETE

NAME **ESTES, TIM**
STREET ADDRESS **799 7TH AVE., NORTH**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE ☐ DELETE

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

TITLE **VICE PRESIDENT** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME **JESS RAMSEY**
STREET ADDRESS **170 MENDOTA DR**
CITY-ST-ZIP **NAPLES FL 34110**

3.1 TITLE ☐ Change ☒ Addition

NAME **BOB EBERSBACH**
STREET ADDRESS **9950 BOCA CIRCLE**
CITY-ST-ZIP **NAPLES FL 34109**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)