

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90056 018 ****61.25

DOCUMENT # N97000000172 1. Entity Name COLLIER COUNTY FRIENDS OF EXTENSION, INC.						
Principal Place of Business 14700 IMMOKALEE ROAD NAPLES, FL 34120			Mailing Address 14700 IMMOKALEE ROAD NAPLES, FL 34120			
2. Principal Place of Business		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				7. Name and Address of New Registered Agent		
ALAIMO, MARVE ANN 24311 WADEN CENTER DRIVE BONITA SPRINGS, FL 34135				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D BLANTON, DENISE L <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	14700 IMMOKALEE RD			NAME		
STREET ADDRESS	NAPLES, FL 34120			STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	C GRIER, CEPUS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1322 SILVERSTRAND DR			NAME		
STREET ADDRESS	NAPLES, FL 34110			STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	T ALAIMO, MARVE ANN <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	24311 WADEN CENTER DRIVE			NAME		
STREET ADDRESS	BONITA SPRINGS, FL 34135			STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	D PASSIDOMO, KATHLEEN C <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2640 GOLDEN GATE PKWY., SUITE 315			NAME		
STREET ADDRESS	NAPLES, FL 34105			STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	T FAULS, BONNIE <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	14700 IMMOKALEE ROAD			NAME		
STREET ADDRESS	NAPLES, FL 341201468			STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:				1/15/04 234-353-4244		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		

44004333



01122004 Chg-NP CR2E037 (10/03)

4. FEI Number 31-1496677 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code

Filing Fee is \$61.25
Due by May 1, 2004

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

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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment



UNIVERSITY OF
FLORIDA

EXTENSION

Institute of Food and Agricultural Sciences

N97000000172

44004333

Collier County
14700 Immokalee Rd
Naples, FL 34120
Tel: (239) 353-4244
SUN: 974-5098
Fax: (239) 353-7127

January 22, 2004

Division of Corporation
P O Box 1500
Tallahassee, FL 32302-1500

RE: Collier County Friends of Extension, Inc.
FEI Number: 31-1496677

Enclosed please find a check for \$61.25 that I forgot to send with the original report dated and signed 1/15/04.

I apologize for the error. If you have any questions, please give me a call.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Hondzinski", followed by a long horizontal line.

Michelle Hondzinski
Adm Secretary
Collier County Extension