

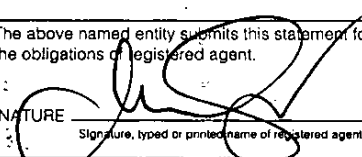
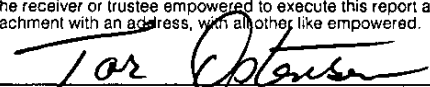


FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90003 014 ****61.25

50025737

DOCUMENT # N97000000172				08-21-2006 90003 014 ****61.25	
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		50025737	
2. Principal Place of Business		3. Mailing Address 24311 Walden Center Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 201		05302006 Chg-NP CR2E037 (4/06)	
City & State		City & State Bonita Springs, FL		4. FEI Number 31-1496677	
Zip		Zip 34134		Applied For Not Applicable	
Country		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALAIMO, MARVE ANN 24311 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34135				Name Street Address (P.O. Box Number is Not Acceptable) 24311 Walden Center Drive Suite 201 City Bonita Springs FL Zip Code 34134	
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  Signature, typed or printed name of registered agent and title if applicable.				08-02-06 DATE (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	P SUCKOW, WILLIAM 717 MEYER DRIVE NAPLES, FL 34120 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Santee, David 374 Logan Blvd. So. Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V OSTENSON, TOR 1411 BRENT PINE DRIVE FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Stewart, Danielle 5681 Bur Oaks Drive Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ALAIMO, MARVE ANN 24311 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Alaimo, Marve Ann 24311 Walden Center Dr. Suite 201 Bonita Springs, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SELVIA, JO 5471 SYCAMORE DR NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ray, Charles 85 Ridge Drive Naples, FL 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Crowley, Sheila 2743 Buckthorn Way Naples, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: 		8/7/06 239-225-4224 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Tor Ostensen, Vice Chairman