

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90036 039 \*\*\*\*61.25

<b>DOCUMENT # N97000000172</b>																											
<b>1. Entity Name</b> COLLIER COUNTY FRIENDS OF EXTENSION, INC.																											
<b>Principal Place of Business</b> 14700 IMMOKALEE ROAD NAPLES, FL 34120		<b>Mailing Address</b> 24311 WALDEN CENTER DR SUITE 201 BONITA SPRINGS, FL 34134																									
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 8000 Health Ctr. Blvd.																									
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 300																									
<b>City &amp; State</b>		<b>City &amp; State</b> Bonita Springs, FL																									
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 34135	<b>Country</b> Lee																								
<b>4. FEI Number</b> 31-1496677		<b>Applied For</b> <input type="checkbox"/> Not Applicable																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b> ALAIMO, MARVE ANN 24311 WALDEN CENTER DRIVE SUITE 201 BONITA SPRINGS, FL 34134		<b>7. Name and Address of New Registered Agent</b> Name: Alaimo, Marve Ann Street Address (P.O. Box Number is Not Acceptable): 8000 Health Center Boulevard Suite 300 City: Bonita Springs FL Zip Code: 34135																									
<b>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.</b>																											
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>																									
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>																									
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SANTEE, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>374 LOGAN BLVD SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34119</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	SANTEE, DAVID		STREET ADDRESS	374 LOGAN BLVD SOUTH		CITY-ST-ZIP	NAPLES, FL 34119		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Mueller, Fred</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8 Las Brisas Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Naples, FL 34108</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Mueller, Fred		STREET ADDRESS	8 Las Brisas Drive		CITY-ST-ZIP	Naples, FL 34108	
TITLE	D	<input type="checkbox"/> Delete																									
NAME	SANTEE, DAVID																										
STREET ADDRESS	374 LOGAN BLVD SOUTH																										
CITY-ST-ZIP	NAPLES, FL 34119																										
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	Mueller, Fred																										
STREET ADDRESS	8 Las Brisas Drive																										
CITY-ST-ZIP	Naples, FL 34108																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">V</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OSTENSON, TOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1411 BRENT PINE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33913</td> <td></td> </tr> </table>	TITLE	V	<input type="checkbox"/> Delete	NAME	OSTENSON, TOR		STREET ADDRESS	1411 BRENT PINE DRIVE		CITY-ST-ZIP	FORT MYERS, FL 33913		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Morgan, Karen</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>4121 5th Avenue, NW</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Naples, FL 34119</td> <td></td> </tr> </table>			TITLE	Morgan, Karen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	4121 5th Avenue, NW		STREET ADDRESS	Naples, FL 34119				
TITLE	V	<input type="checkbox"/> Delete																									
NAME	OSTENSON, TOR																										
STREET ADDRESS	1411 BRENT PINE DRIVE																										
CITY-ST-ZIP	FORT MYERS, FL 33913																										
TITLE	Morgan, Karen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	4121 5th Avenue, NW																										
STREET ADDRESS	Naples, FL 34119																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALAIMO, MARVE ANN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>24311 WALDEN CENTER DR SUITE 201</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BONITA SPRINGS, FL 34134</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	ALAIMO, MARVE ANN		STREET ADDRESS	24311 WALDEN CENTER DR SUITE 201		CITY-ST-ZIP	BONITA SPRINGS, FL 34134		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Alaimo, Marve Ann</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>8000 Health Ctr. Blvd., Ste. 300</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Bonita Springs, FL 34135</td> <td></td> </tr> </table>			TITLE	Alaimo, Marve Ann	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	8000 Health Ctr. Blvd., Ste. 300		STREET ADDRESS	Bonita Springs, FL 34135				
TITLE	D	<input type="checkbox"/> Delete																									
NAME	ALAIMO, MARVE ANN																										
STREET ADDRESS	24311 WALDEN CENTER DR SUITE 201																										
CITY-ST-ZIP	BONITA SPRINGS, FL 34134																										
TITLE	Alaimo, Marve Ann	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	8000 Health Ctr. Blvd., Ste. 300																										
STREET ADDRESS	Bonita Springs, FL 34135																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">S</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SELVIA, JO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5471 SYCAMORE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34119</td> <td></td> </tr> </table>	TITLE	S	<input type="checkbox"/> Delete	NAME	SELVIA, JO		STREET ADDRESS	5471 SYCAMORE DR		CITY-ST-ZIP	NAPLES, FL 34119		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Stewart, Danielle D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5681 Bur Oaks Lane</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Naples, FL 34119-1319</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Stewart, Danielle D.		STREET ADDRESS	5681 Bur Oaks Lane		CITY-ST-ZIP	Naples, FL 34119-1319	
TITLE	S	<input type="checkbox"/> Delete																									
NAME	SELVIA, JO																										
STREET ADDRESS	5471 SYCAMORE DR																										
CITY-ST-ZIP	NAPLES, FL 34119																										
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	Stewart, Danielle D.																										
STREET ADDRESS	5681 Bur Oaks Lane																										
CITY-ST-ZIP	Naples, FL 34119-1319																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAY, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>85 RIDGE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34108</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	RAY, CHARLES		STREET ADDRESS	85 RIDGE DR		CITY-ST-ZIP	NAPLES, FL 34108		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Cochrane, Carolyn</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3660 Haldemann Creek Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Naples, FL 34112</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Cochrane, Carolyn		STREET ADDRESS	3660 Haldemann Creek Drive		CITY-ST-ZIP	Naples, FL 34112	
TITLE	D	<input type="checkbox"/> Delete																									
NAME	RAY, CHARLES																										
STREET ADDRESS	85 RIDGE DR																										
CITY-ST-ZIP	NAPLES, FL 34108																										
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	Cochrane, Carolyn																										
STREET ADDRESS	3660 Haldemann Creek Drive																										
CITY-ST-ZIP	Naples, FL 34112																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CROWLEY, SHEILAH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2743 BUCKTHORN WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34105</td> <td></td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	CROWLEY, SHEILAH		STREET ADDRESS	2743 BUCKTHORN WAY		CITY-ST-ZIP	NAPLES, FL 34105		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete																									
NAME	CROWLEY, SHEILAH																										
STREET ADDRESS	2743 BUCKTHORN WAY																										
CITY-ST-ZIP	NAPLES, FL 34105																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<b>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.</b>																											
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											
Date		Daytime Phone #																									

40122364



06132007 Chg-NP CR2E037 (12/06)