


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90006 019 \*\*\*\*61.25

<b>DOCUMENT # N97000000172</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>8000 HEALTH CTR BLVD SUITE 300 BONITA SPRINGS, FL 34135</b>		
2. Principal Place of Business - No P.O. Box # <b>3660 Haldeman Creek Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3660 Haldeman Creek Dr.</b> Suite, Apt. #, etc.			
City & State <b>Naples, Florida</b>		City & State <b>Naples, Florida</b>		4. FEI Number <b>31-1496677</b>	
Zip <b>34112</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALAIMO, MARVE ANN 8000 HEALTH CTR BLVD SUITE 300 BONITA SPRINGS, FL 34135</b>			7. Name and Address of New Registered Agent Name <b>Carolyn Cochran</b> Street Address (P.O. Box Number is Not Acceptable) <b>3660 Haldeman Creek Drive</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34112</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. SIGNATURE <u><i>Carolyn Cochran</i></u> , <b>Carolyn Cochran, President/Director 3/13/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANTEE, DAVID</b> <input checked="" type="checkbox"/> Delete <b>374 LOGAN BLVD SOUTH</b> <b>NAPLES, FL 34119</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Deletion <b>Cochran, Carolyn</b> <b>3660 Haldeman Creek Drive</b> <b>Naples, FL 34112</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>OSTENSON, TOR</b> <b>1411 BRENT PINE DRIVE</b> <b>FORT MYERS, FL 33913</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Ray, Leah</b> <b>7299 Stonegate Drive</b> <b>Naples, FL 34109</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>ALAIMO, MARVE ANN</b> <b>24311 WALDEN CENTER DR SUITE 201</b> <b>BONITA SPRINGS, FL 34134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>SELVIA, JO</b> <b>5471 SYCAMORE DR</b> <b>NAPLES, FL 34119</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>RAY, CHARLES</b> <b>85 RIDGE DR</b> <b>NAPLES, FL 34108</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>MUELLER, FRED</b> <b>8 LAS BRISAS DRIVE</b> <b>NAPLES, FL 34108</b>	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.					
<b>SIGNATURE:</b> <u><i>Carolyn Cochran</i></u> , <b>Carolyn Cochran 3/13/08</b> <b>239-793-5268</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40040000



03032008 Chg-NP CR2E037 (12/06)