


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

08-12-2004 90005 024 \*\*\*\*61.25

<b>DOCUMENT # N99000006637</b>			
1. Entity Name <b>COLLIER COUNTY POLICE ACTIVITY LEAGUE, INC.</b>			
Principal Place of Business 3823 TAMiami TRAIL EAST PMB #422 NAPLES, FL 34112		Mailing Address 3823 TAMiami TRAIL EAST PMB #422 NAPLES, FL 34112	
2. Principal Place of Business <b>3301 Tamiami Trail East</b> Suite, Apt. #, etc. <b>Bldg. J - Planning Research Bureau</b> City & State <b>Naples, Florida</b> Zip <b>34112-4902</b> Country <b>Collier</b>		3. Mailing Address <b>Nancy C. Markham</b> Suite, Apt. #, etc. <b>4580 Eagle Key Circle</b> City & State <b>Naples, Florida</b> Zip <b>34112-5205</b> Country <b>Collier</b>	
6. Name and Address of Current Registered Agent <b>CARPENTER, DAVID B</b> <b>680 LUISA LANE</b> <b>UNIT #2</b> <b>NAPLES, FL 34104</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____			
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATTY, REBECCA 4514 ACADIA LN. NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKHAM, NANCY C 4580 EAGLE KEY CIRCLE NAPLES, FL 341125205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIUS, SARAH 960 22ND AVE NE NAPLES, FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WRIGHT, TORAN 8107 SAN VIATA CIRCLE NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ECKENROTH, ROBIN 3301 TAMiami TRAIL EAST, BLDG J NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 checked="" type="checkbox"/> Addition <b>Sue Gentry</b> <b>1363 11th Street North</b> <b>Naples, FL 34102-5221</b>
12. I 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 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: <b>Nancy C. Markham</b>		8-6-04 239-774-2898	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



07262004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE** Applied For  
Not Applicable

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