


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90139 025 ****61.25

DOCUMENT # N99000006637	
1. Entity Name COLLIER COUNTY POLICE ACTIVITIES LEAGUE, INC.	

Principal Place of Business 3301 TAMIAMI TRAIL EAST BLDG T PLANNING & RESEARCH NAPLES, FL 34112-4902	Mailing Address NANCY C. MARKHAM 4580 EAGLE KEY CIRCLE NAPLES, FL 34112-5205
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50069212



2. Principal Place of Business Suite, Apt. #, etc. Bldg J City & State Naples, Florida Zip 34106-0153	3. Mailing Address Suite, Apt. #, etc. P.O. Box 153 City & State Naples, Florida Zip 34106-0153
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09012005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARPENTER, DAVID B 680 LUISA LANE UNIT #2 NAPLES, FL 34104	
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7. Name and Address of New Registered Agent Name Markham, Nancy C. Street Address (P.O. Box Number is Not Acceptable) 4580 Eagle Key Circle City Naples FL Zip Code 34112-5205	
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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: <i>Nancy C. Markham</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: 9-1-05
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Filing Fee is \$61.25 Due by September 7, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D BEATTY, REBECCA 4514 ACADIA LN. NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TD MARKHAM, NANCY C 4580 EAGLE KEY CIRCLE NAPLES, FL 341125205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D LANIUS, SARAH 960 22ND AVE NE NAPLES, FL 34120	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
C WRIGHT, TORAN 8107 SAN VIATA CIRCLE NAPLES, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VC ECKENROTH, ROBIN 3301 TAMIAMI TRAIL EAST, BLDG J NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D GENTRY, SUE 1363 11TH STREET NORTH NAPLES, FL 341025221	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: <i>Nancy C. Markham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 9-1-05	DAYTIME PHONE #: 239-774-2898
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