


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90007 040 \*\*\*\*61.25

<b>DOCUMENT # N99000006637</b>	
1. Entity Name <b>COLLIER COUNTY POLICE ACTIVITIES LEAGUE, INC.</b>	

Principal Place of Business <b>3301 TAMiami TRAIL EAST BLDG J PLANNING &amp; RESEARCH NAPLES, FL 34112-4902</b>	Mailing Address <b>C.C. POLICE ACTIVITIES, INC P.O. BOX 153 NAPLES, FL 34106-0153</b>
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40100111



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06262006 Chg-NP CR2E037 (4/06)

City & State	City & State
Zip	Country

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>MARKHAM, NANCY C 4580 EAGLE KEY CIRCLE NAPLES, FL 34112-5205</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 6, 2006</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, REBECCA	NAME	
STREET ADDRESS	4514 ACADIA LN.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKHAM, NANCY C	NAME	
STREET ADDRESS	4580 EAGLE KEY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 341125205	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIUS, SARAH	NAME	
STREET ADDRESS	960 22ND AVE NE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, TORAN	NAME	
STREET ADDRESS	8107 SAN VIATA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKENROTH, ROBIN	NAME	
STREET ADDRESS	3301 TAMiami TRAIL EAST, BLDG J	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, SUE	NAME	
STREET ADDRESS	1363 11TH STREET NORTH	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 341025221	CITY-ST-ZIP	

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:** Nancy C. Markham **7-13-06** **239-774-2898**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #