## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09830

Entity Name: COLLIER COUNTY SHERIFF'S OFFICE BENEFIT FUND

COMMITTEE, INCORPORATED

**Current Principal Place of Business:** 

3319 E. TAMIAMI TR. NAPLES, FL 34112-4902

**Current Mailing Address:** 

3319 E. TAMIAMI TR.

NAPLES, FL 34112-4902 US

FEI Number: 65-0722892 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Jan 10, 2014

**Secretary of State** 

CC8160376768

Officer/Director Detail:

Title Title VΡ

Name LAUER, ANTHONY P Name SCOTT, JOSEPH Address 3319 E. TAMIAMI TR. Address 3319 E TAMIAMI TR. NAPLES FL 34112-4902 City-State-Zip: NAPLES FL 34112-4902 City-State-Zip:

Title Title S

MILLER, BARBARA A Name HUNT, LINDA Name Address 3319 E. TAMIAMI TR. Address 3319 E TAMIAMI TR City-State-Zip: NAPLES FL 34112-4902

Title

City-State-Zip:

City-State-Zip:

Name MARAN, LINDA 3319 E TAMIAMI TR Address

SIGNATURE: BARBARA A MILLER

NAPLES FL 34112-4902

NAPLES FL 34112-4902

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

01/10/2014