

'2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90316 002 ****61.25

DOCUMENT # 700988

1. Entity Name
 THE HUMANE SOCIETY OF COLLIER COUNTY, INC.



Principal Place of Business
 370 AIRPORT RD N
 NAPLES, FL 34104 US

Mailing Address
 370 AIRPORT RD N
 NAPLES, FL 34104 US

60025199



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1033966	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Michael
 SIMONIK, MICHAEL
 1720 14TH AVE NE
 NAPLES, FL 34120

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<i>President</i>
NAME	LEE, TOBIAS	<i>Christina Murphy-Pierce</i>
STREET ADDRESS	606 SHORELINE DR.	<i>2313 Outrigger Lane</i>
CITY-ST-ZIP	NAPLES, FL 34119	<i>Naples FL 34104</i>
TITLE	TD	<i>Treasurer</i>
NAME	WALTHER, RONALD	<i>Amy Taylor</i>
STREET ADDRESS	1297 SUMMER PLACE	<i>1415 Panther Lane #249</i>
CITY-ST-ZIP	NAPLES, FL 34109	<i>Naples FL 34109</i>
TITLE	<i>PO VICE PRESIDENT</i>	
NAME	DIAMICO, LINDY	
STREET ADDRESS	P.O. BOX 413040	
CITY-ST-ZIP	NAPLES, FL 34101	
TITLE	VPD	
NAME	MURPHY-PIERCE, CHRISTINE	
STREET ADDRESS	2313 OUTRIGGER LN	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	ED	<i>Michael</i>
NAME	SIMONIK, MICHAEL	
STREET ADDRESS	1720 14TH AVE SW	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE	<i>SO Secretary</i>	
NAME	DEERING, CHERYL	
STREET ADDRESS	11330 TWIN EAGLES BLVD	
CITY-ST-ZIP	NAPLES, FL 34120	

DO NOT WRITE IN THIS SPACE

CHECK# _____
 DATE _____
 MOUNT _____
 ACCOUNT# 8160.60

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:

Michael Simonik
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06

239-643-1880

Date

Daytime Phone #