

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700988

FILED  
Jan 30, 2008  
Secretary of State

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

**Current Principal Place of Business:**

370 AIRPORT RD N  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

370 AIRPORT RD N  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 59-1033966      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MURPHY-PIERCE, CHRISTINE  
Address: 2313 OTEIGGER LANE  
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete  
Name: TAYLOR, AMY  
Address: 1415 PANTHER LANE 249  
City-St-Zip: NAPLES, FL 34109

Title: VP ( ) Delete  
Name: DIAMICO, LINDY  
Address: P.O. BOX 413040  
City-St-Zip: NAPLES, FL 34101

Title: ED ( ) Delete  
Name: SIMONIK, MICHAEL  
Address: 1720 14TH AVE SW  
City-St-Zip: NAPLES, FL 34120

Title: S ( ) Delete  
Name: DEERING, CHERYL  
Address: 11330 TWIN EAGLES BLVD  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MURPHY-PIERCE, CHRISTINE  
Address: 2313 OUTRIGGER LANE  
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL SIMONIK

ED

01/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date