

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700988

FILED
Jun 12, 2009
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 OUTRIGGER 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: () 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:

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: AMY TAYLOR

T

06/12/2009

Electronic Signature of Signing Officer or Director

_____ Date