

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 07, 2004
Secretary of State**

DOCUMENT# 730792

Entity Name: COLLIER PREGNANCY CENTERS, INC.

Current Principal Place of Business:

970 FIFTH AVE N
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

970 FIFTH AVE N
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 51-0204833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASE, BETH
970 FIFTH AVE N
NAPLES, FL 34102 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: D () Delete
Name: BUCALO, PATRICIA
Address: 970 FIFTH AVE N
City-St-Zip: NAPLES, FL 34102 US

Title: DC () Delete
Name: BARONE, LUCIA
Address: 970 FIFTH AVE N
City-St-Zip: NAPLES, FL 34102 US

Title: DVC () Delete
Name: CONN, DAVID
Address: 970 FIFTH AVE N
City-St-Zip: NAPLES, FL 34102 US

Title: D () Delete
Name: MURPHY, MAUREEN
Address: 970 FIFTH AVE N
City-St-Zip: NAPLES, FL 34102 US

Title: DT () Delete
Name: RYON, MICHAEL
Address: 970 FIFTH AVE N
City-St-Zip: NAPLES, FL 34102 US

Title: DS () Delete
Name: TIMMIS, MICHAEL
Address: 970 FIFTH AVE N
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DP (X) Change () Addition
Name: CHASE, BETH
Address: 970 FIFTH AVE N
City-St-Zip: NAPLES, FL 34102 US

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 for the exemption stated in Section 119.07(3)(i), 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: BETH CHASE

DP

05/07/2004

Electronic Signature of Signing Officer or Director

Date