


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 730792
 1. Entity Name
COLLIER PREGNANCY CENTERS, INC.



Principal Place of Business 970 FIFTH AVE N NAPLES, FL 34102 US	Mailing Address 970 FIFTH AVE N NAPLES, FL 34102 US
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02092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0204833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAMES C JR
 9180 GALLERIA COURT
 SUITE 700
 NAPLES, FL 34109

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BARONE, LUCIA 970 FIFTH AVE N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMMIS, MICHAEL 970 FIFTH AVE N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MAUREEN 970 FIFTH AVE N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYON, MICHAEL 970 FIFTH AVE N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DONAHUE, KIM 970 FIFTH AVE N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KROEGER, CHRISTINE 970 5TH AVENUE NORTH NAPLES, FL 34102

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U00000084329
 04/06/07-80029-003 61.25

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: *Lucia Barone* *Lucia Barone* 3/12/07 239-262-6381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #