

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730792

FILED
Jan 21, 2009
Secretary of State

Entity Name: COLLIER PREGNANCY CENTERS, INC.

Current Principal Place of Business:

970 FIFTH AVE N
NAPLES, FL 34102 US

New Principal Place of Business:

940 FIFTH AVE N
NAPLES, FL 34102 US

Current Mailing Address:

970 FIFTH AVE N
NAPLES, FL 34102 US

New Mailing Address:

940 FIFTH AVE N
NAPLES, FL 34102 US

FEI Number: 51-0204833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, JAMES C JR
9180 GALLERIA COURT
SUITE 700
NAPLES, FL 34109 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: DC () Delete
Name: BARONE, LUCIA
Address: 970 FIFTH AVE N
City-St-Zip: NAPLES, FL 34102 US

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

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

Title: DT () Delete
Name: KROEGER, CHRISTINE
Address: 970 5TH AVENUE NORTH
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: () 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: LUCIA BARONE

DC

01/21/2009

Electronic Signature of Signing Officer or Director

Date