

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730792

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** COLLIER PREGNANCY CENTERS, INC.

**Current Principal Place of Business:**

940 FIFTH AVE N  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

940 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:**

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  
Name: BARONE, LUCIA  
Address: 940 FIFTH AVE N  
City-St-Zip: NAPLES, FL 34102 US

Title: DVC  
Name: TIMMIS, MICHAEL  
Address: 940 FIFTH AVE N  
City-St-Zip: NAPLES, FL 34102 US

Title: D  
Name: MURPHY, MAUREEN  
Address: 940 FIFTH AVE N  
City-St-Zip: NAPLES, FL 34102 US

Title: DS  
Name: RYON, MICHAEL  
Address: 940 FIFTH AVE N  
City-St-Zip: NAPLES, FL 34102 US

Title: D  
Name: BURKE, CONNIE  
Address: 940 FIFTH AVE N  
City-St-Zip: NAPLES, FL 34102 US

Title: DT  
Name: KROEGER, CHRISTINE  
Address: 940 5TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34102 US

I hereby 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 all other like empowered.

SIGNATURE: KAY THURSTON

DIR

01/13/2010

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

\_\_\_\_\_  
Date