

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730792

FILED
Feb 18, 2011
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

DIRC

02/18/2011

Electronic Signature of Signing Officer or Director

Date