

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90470 048 ****61.25

DOCUMENT # N02000002922
 1. Entity Name
COLLIERLEE FARM, A HEALING COMMUNITY, INC.



Principal Place of Business
 11621 SPINNAKER WAY
 CINNAMON COVE
 FORT MYERS, FL 33908

Mailing Address
 11621 SPINNAKER WAY
 CINNAMON COVE
 FORT MYERS, FL 33908

34041607



2. Principal Place of Business
5790 St. Edmunds Loop
 Suite, Apt. #, etc.

3. Mailing Address
6790 St. Edmunds Loop
 Suite, Apt. #, etc.

04212004 Chg-NP CR2E037 (10/03)

City & State
Fort Myers, Florida

City & State
Fort Myers, Florida

Zip
33912

Country
USA

Zip
33912

Country
USA

4. FEI Number
01-0691215

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CLASP, INC.
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH SUITE 400
NAPLES, FL 34013

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LICATA, JOSEPH M 11621 SPINNAKER WAY FORT MYERS, FL 339085258 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Scott, Robert J. 6790 St. Edmunds Loop Fort Myers, Florida 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, ROBERT J 6790 ST EDMUNDS LOOP FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Scott, Paula A. 6790 St. Edmunds Loop Fort Myers, Florida 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LICATA, CAROLA 11621 SPINNAKER WAY FORT MYERS, FL 339085258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Licata, Carol A. 11621 Spinnaker Way Fort Myers, FL 33908-5258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOTT, A. PAULA 6790 ST EDMUNDS LOOP FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 provided 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: *Robert J. Scott* **Robert J. Scott, President** **239-481-2028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/24/04