


**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
2006 NOV 16 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002922			
1. Entity Name COLLIERLEE FARM, A HEALING COMMUNITY, INC.			
Principal Place of Business 5790 ST. EDMUNDS LOOP FORT MYERS, FL 33912		Mailing Address 6790 ST. EDMUNDS LOOP FORT MYERS, FL 33912	
2. Principal Place of Business 3413 Wilderness Blvd., East Suite, Apt. #, etc.		3. Mailing Address 3413 Wilderness Blvd., East Suite, Apt. #, etc.	
City & State Parish, Florida		City & State Parish, Florida	
Zip 34219	Country US	Zip 34219	Country US
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 Carol Ulm Street Address (P.O. Box Number is Not Acceptable) 3413 Wilderness Blvd., East City Parish FL Zip Code 34219	
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 <u>Carol Ulm</u> <u>CAROL ULM</u> DATE <u>8/29/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCOTT, ROBERT J 6790 ST. EDMUNDS LOOP FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P Debbie Whittle 3413 Wilderness Blvd., East Parish, Florida 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LICATA, CAROL A 11621 SPINNAKER WAY FORT MYERS, FL 339085258 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, VP Judene Shelley 3413 Wilderness Blvd., East Parish, Florida 34219 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SCOTT, A. PAULA 6790 ST EDMUNDS LOOP FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, S Vanda Borgess 3413 Wilderness Blvd., East Parish, Florida 34219 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, T Carol Ulm 3413 Wilderness Blvd., East Parish, Florida 34219 <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 100081985571 11/21/06--01036--009 **\$61.25
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 B 11/10/06
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: <u>Debbie L Whittle</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Debbie L. Whittle</u> DATE <u>8/29/06</u> DAYTIME PHONE # <u>413-455 6816</u>	