

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000372

FILED
Mar 30, 2009
Secretary of State

Entity Name: SARAH ANN DROP IN CENTER, INC.

Current Principal Place of Business:

257 AIRPORT ROAD S
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

257 AIRPORT ROAD S
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-0581504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUNTER, KATHRYN
5020 TAMIAMI TRAIL N
SUITE 110
NAPLES, FL 34103 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: P () Delete
Name: SULLIVAN, JACK
Address: 6820 PELICAN BAY BLVD.
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: GERWIG, BOB
Address: 4301 GULF SHORE BLVD. N
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: HUNTER, KATHRYN
Address: 5020 TAMIAMI TRL NO STE 110
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: NELSON, MIKE
Address: 5020 TAMIAMI TRL NO STE 110
City-St-Zip: NAPLES, FL 34103

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:

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: KATHRYN HUNTER

DIRE

03/30/2009

Electronic Signature of Signing Officer or Director

Date