


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

01-23-2006 90052 032 ****61.25

DOCUMENT # N05000001618

1. Entity Name
COLLIER RABBIT REHABILITATION AND RESCUE, INC.



Principal Place of Business Mailing Address
861 22ND STREET SE 861 22ND STREET SE
NAPLES FL 34117 NAPLES FL 34117



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **20-2193916** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required **N/A**

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
Hendel
CARD, CHRISTINE
861 22ND STREET SE
NAPLES FL 34117

7. Name and Address of New Registered Agent
 Name **Christine M Hendel**
 Street Address (P.O. Box Number is Not Acceptable) **861 22nd Street SE**
 City **NAPLES** FL Zip Code **34117-3662**

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 *Christine M. Hendel* DATE **2/14/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARD, CHRISTINE	
STREET ADDRESS	861 22ND STREET SE	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDEL, MATTHEW	
STREET ADDRESS	861 22ND STREET SE	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	Volunteer	<input type="checkbox"/> Delete
NAME	Timothy M. Reardon	
STREET ADDRESS	1315 Greenwood Avenue	
CITY-ST-ZIP	Lehigh Acres FL 33972	
TITLE	Volunteer	<input type="checkbox"/> Delete
NAME	Scott A. Reardon	
STREET ADDRESS	1315 GREENWOOD AVENUE	
CITY-ST-ZIP	Lehigh Acres FL 33972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hendel, Christine M.	
STREET ADDRESS	861 22nd St SE	
CITY-ST-ZIP	Naples FL 34117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Christine M. Hendel* DATE: **2/14/06**
 455 4614 Home
 641 4291 cell