

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001618

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: COLLIER RABBIT REHABILITATION AND RESCUE, INC.

**Current Principal Place of Business:**

861 22ND STREET SE  
NAPLES, FL 34117

**New Principal Place of Business:**

861 22ND STREET SE  
NAPLES, FL 341173662

**Current Mailing Address:**

861 22ND STREET SE  
NAPLES, FL 34117

**New Mailing Address:**

861 22ND STREET SE  
NAPLES, FL 341173662

FEI Number: 20-2193916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HENDEL, CHRISTINE M  
861 22ND STREET SE  
NAPLES, FL 34117 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: D ( ) Delete  
Name: HENDEL, CHRISTINE M  
Address: 861 22ND STREET SE  
City-St-Zip: NAPLES, FL 34117

Title: D ( ) Delete  
Name: HENDEL, MATTHEW  
Address: 861 22ND STREET SE  
City-St-Zip: NAPLES, FL 34117

Title: V ( ) Delete  
Name: NORMAN, JENNIFER  
Address: 406 NW 20TH TERR  
City-St-Zip: CAPE CORAL, FL 33993

Title: V ( ) Delete  
Name: REARDON, TIM  
Address: 406 NW 20TH TERR  
City-St-Zip: CAPE CORAL, FL 33993

Title: V ( ) Delete  
Name: KOREN, MICHELLE  
Address: 1265 DIANE AVE  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HENDEL, MATTHEW C  
Address: 861 22ND STREET SE  
City-St-Zip: NAPLES, FL 34117

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: CHRISTINE M. HENDEL

D

01/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date