

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001618

FILED
Jan 10, 2010
Secretary of State

Entity Name: COLLIER RABBIT REHABILITATION AND RESCUE, INC.

Current Principal Place of Business:

861 22ND STREET SE
NAPLES, FL 341173662

New Principal Place of Business:

861 22ND STREET SE
NAPLES, FL 341173662 US

Current Mailing Address:

861 22ND STREET SE
NAPLES, FL 341173662

New Mailing Address:

861 22ND STREET SE
NAPLES, FL 341173662 US

FEI Number: 20-2193916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: HENDEL, CHRISTINE M
Address: 861 22ND STREET SE
City-St-Zip: NAPLES, FL 34117 US

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

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

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

Title: V
Name: NORMAN, ZACHERY
Address: 496 NW 20TH TERRACE
City-St-Zip: CAPE CORAL, FL 33993 US

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE M HENDEL SIGNING THIS DOCUMENT

D

01/10/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date