2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N40631

Entity Name: QUEST FOR COLLIER COUNTY, INC.

Current Principal Place of Business:

2706 S HORSESHOE DR.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

2706 S HORSESHOE DR.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0232400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, F E
C/O CHEFFY PASSIDOMO WILSON & JOHNSON
821 FIFTH AVE SOUTH 201
NAPLES, FL 34102 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:	C	( ) Delete
Name:	MORTON, EDWARD M	
Address:	P O BOX 413029	
City-St-Zip:	NAPLES, FL 34101	
Title:	T	( ) Delete
Name:	BAUS, COLLEEN	
Address:	330 PINEHURST CIR	
City-St-Zip:	NAPLES, FL 34113	
Title:	S	( ) Delete
Name:	MCKENRY, PAMELA N	
Address:	2950 KINGSLAKE BLVD.	
City-St-Zip:	NAPLES, FL 34112	
Title:	D	( ) Delete
Name:	RICHTER, GARRETT	
Address:	2320 HARRIER RUN	
City-St-Zip:	NAPLES, FL 34105	
Title:	D	( ) Delete
Name:	GOODLETTE, DUDLEY J	
Address:	4001 TAMIAMI TRAIL N #300	
City-St-Zip:	NAPLES, FL 34103	
Title:	VC	( ) Delete
Name:	KENNEDY, MICHAEL W	
Address:	146 OAKWOOD COURT	
City-St-Zip:	NAPLES, FL 34110	

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:	
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: COLLEEN P BAUS T 01/14/2009

Electronic Signature of Signing Officer or Director — Date