

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700988

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC6913980215**

**Entity Name:** THE HUMANE SOCIETY OF COLLIER COUNTY, INC.

**Current Principal Place of Business:**

370 AIRPORT RD N  
NAPLES, FL 34104

**Current Mailing Address:**

370 AIRPORT RD N  
NAPLES, FL 34104 US

**FEI Number: 59-1033966**

**Certificate of Status Desired: No**

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

SIMONIK, MICHAEL  
370 AIRPORT RD N  
NAPLES, FL 34104 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           DEARDORFF, KEVIN  
Address        370 AIRPORT RD N  
City-State-Zip: NAPLES FL 34104

Title           SECRETARY  
Name           LOZELLE, GAIL  
Address        370 AIRPORT RD N  
City-State-Zip: NAPLES FL 34104

Title           ED  
Name           SIMONIK, MICHAEL  
Address        370 AIRPORT RD N  
City-State-Zip: NAPLES FL 34104

Title           PRESIDENT  
Name           MURPHY, PATRICIA  
Address        370 AIRPORT RD N  
City-State-Zip: NAPLES FL 34104

Title           VP  
Name           DEARDORFF, KEVIN  
Address        370 AIRPORT RD N  
City-State-Zip: NAPLES FL 34104

*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: MICHAEL SIMONIK**

**EXECUTIVE DIRECTOR**

**02/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date