

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742136

FILED
Jan 23, 2009
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Current Principal Place of Business:

11145 TAMIAMI TRAL EAST
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

11145 TAMIAMI TRAL EAST
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 59-1834379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURSO, SAMUEL J M.D.
891 PARTRIDGE COURT
MARCO ISLAND, FL 34145 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: PD () Delete
Name: DURSO, SAMUEL J MD
Address: 891 PARTRIDGE COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: SD () Delete
Name: MUELLER, MICHAEL
Address: 1109 STRAWBERRY COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: SWIHART, STANARD MD
Address: 789 REGENCY RESERVE CIR APT 4603
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: MARY ANN, DURSO
Address: 891 PORTRIDGE COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: TD (X) Delete
Name: REED, PHIL
Address: 480 PALO VERDE DRIVE
City-St-Zip: NAPLES, FL 34119

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: TD (X) Change () Addition
Name: CUNNINGHAM, JOHN W
Address: 841 PARTRIDGE CT
City-St-Zip: MARCO ISLAND, FL 34145

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: SAM DUSRO MD

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date