

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001360

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** COLLIER COUNTY HUNGER AND HOMELESS COALITION, INC.

**Current Principal Place of Business:**

1044 6TH AVENUE NORTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9202  
NAPLES, FL 341019202

**New Mailing Address:**

**FEI Number:** 04-3610154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NAPLES LAW-DOCK, INC.  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109 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  
Name: WATERHOUSE, LYNDIA CHAIR  
Address: 1336 CREEKSIDE BLVD., SUITE 1  
City-St-Zip: NAPLES, FL 34108

Title: T  
Name: BUCKLEY, THOMAS TREASUR  
Address: 11161 HEALTH PARK BLVD  
City-St-Zip: NAPLES, FL 34110

Title: S  
Name: CONNOLLY, DONNA SECRETA  
Address: 197 EUGINA DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: ED  
Name: MAHR, DEBRA ED  
Address: 1044 6TH AVE  
City-St-Zip: NAPLES, FL 34102

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: DEBRA MAHR

ED

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date