

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003591

FILED
Feb 26, 2009
Secretary of State

Entity Name: THE COLL FOUNDATION, INC.

Current Principal Place of Business:

4045 TANGELO AVE
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

4045 TANGELO AVE
COCOA, FL 32926

New Mailing Address:

FEI Number: 04-3705963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENITEZ, GUS R ESQ
1223 E CONCARD ST
ORLANDO, FL 32803 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 () Delete
Name: BROWN, ROBERT W
Address: 4045 TANGELO AVE
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: HUFF, JO
Address: 4045 TANGELO AVE
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: OZIM, MARION
Address: 4045 TANGELO AVE
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: STUCKOWSKI, FLORENCE
Address: 4045 TANGELO AVE
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: DECENA, AL
Address: 4045 TANGELO AVE
City-St-Zip: COCOA, FL 32927

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:

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: ROBERT W. BROWN

MR.

02/26/2009

Electronic Signature of Signing Officer or Director

Date