

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007527

**FILED**  
**Mar 31, 2004**  
**Secretary of State****Entity Name:** WINGS OF COLLIER COUNTY, INC.**Current Principal Place of Business:**676 110 AVE N  
NAPLES, FL 34108**New Principal Place of Business:****Current Mailing Address:**676 110 AVE N  
NAPLES, FL 34108**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LYNNE, ERICA  
676 110 AVE N  
NAPLES, FL 34108**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:** FAY, DR. HENRY  
**Address:** 632 98 AVE N  
**City-St-Zip:** NAPLES, FL 34108**Title:** P ( ) Delete  
**Name:** FENNELL, THOMAS D.B.  
**Address:** 52 FENNY BOSK TRAIL  
**City-St-Zip:** VENUS, FL 339602155**Title:** D ( ) Delete  
**Name:** WEBBER, MARULYNN RN  
**Address:** 335 NAUTILUS CT  
**City-St-Zip:** FT MYERS, FL 33908**Title:** D ( ) Delete  
**Name:** WERLER, CHRISTOPHER  
**Address:** 48 FOREST ST #107  
**City-St-Zip:** MEDFORD, MA 02115**Title:** D ( ) Delete  
**Name:** LYNNE, ERICA PHD  
**Address:** 676 110 AVE N  
**City-St-Zip:** NAPLES, FL 34108**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** WEBBER, MARILYN RN  
**Address:** 335 NAUTILUS CT  
**City-St-Zip:** FT MYERS, FL 33908**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 for the exemption stated in Section 119.07(3)(i), 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:** THOMAS D.B. FENNELL

P

03/31/2004

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