

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000372

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** SARAH ANN DROP IN CENTER, INC.

**Current Principal Place of Business:**

257 AIRPORT ROAD SOUTH  
NAPLES, FL 34104

**New Principal Place of Business:**

6324 TRAIL BLVD.  
NAPLES, FL 34108

**Current Mailing Address:**

6216 TRAIL BLVD  
NAPLES, FL 34108

**New Mailing Address:**

6324 TRAIL BLVD.  
NAPLES, FL 34108

**FEI Number:** 20-0581504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HUNTER, KATHRYN  
6216 TRAIL BLVD.  
NAPLES, FL 34108 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: DVP  
Name: SULLIVAN, JACK  
Address: 6820 PELICAN BAY BLVD.  
City-St-Zip: NAPLES, FL 34108

Title: D/S  
Name: AUSTIN, ARLENE F  
Address: 6312 TRAIL BLVD  
City-St-Zip: NAPLES, FL 34108

Title: D/T  
Name: HUNTER, KATHRYN  
Address: 6216 TRAIL BLVD  
City-St-Zip: NAPLES, FL 34108

Title: D/P  
Name: NELSON, MIKE  
Address: 6216 TRAIL BLVD  
City-St-Zip: NAPLES, FL 34108

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:** KATHRYN HUNTER, DIRECTOR

DIR

04/21/2011

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

\_\_\_\_\_  
Date