

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90083 043 ****61.25

DOCUMENT # N04000010060					
1. Entity Name WOMEN'S RESOURCE CENTER OF COLLIER COUNTY, INC.					
Principal Place of Business 6578 RIDGEWOOD DR NAPLES, FL 34105			Mailing Address 6578 RIDGEWOOD DR NAPLES, FL 34105		
2. Principal Place of Business 302 Goodlette Rd South		3. Mailing Address P.O. Box 110488			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022005 Chg-NP CR2E037 (10/03)	
City & State Naples, FL		City & State Naples, FL		4. FEI Number 14-1917385	
Zip 34102		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COY, NINA 6578 RIDGEWOOD DR NAPLES, FL 34105		7. Name and Address of New Registered Agent Name: <u>Phyllis Sharp</u> Street Address (P.O. Box Number is Not Acceptable): <u>4264 Montalvo Ct</u> City: <u>Naples</u> FL Zip Code: <u>34109</u>			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Phyllis Sharp, Treasurer</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>3/11/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARGER, SANDRA S 545 VIA VENETO #102 NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brenda Kerstetter 3702 Estey Ave Naples, FL 34104
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZOLOT, MARCIADEE 7709 BARRINGTON CIR 3102 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sullivan, Carole 4211 Covey Circle Naples, FL 34109
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COY, NINA 6578 RIDGEWOOD DR NAPLES, FL 34105	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHARP, PHYLLIS 4264 MONTALVO CT NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Phyllis Sharp, Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>3/11/05</u> 239-566-8730 <small>Daytime Phone #</small>	