

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

01-23-2006 90052 032 ****61.25

DOCUMENT # N05000001618

1. Entity Name

COLLIER RABBIT REHABILITATION AND RESCUE, INC.



Principal Place of Business

**861 22ND STREET SE
NAPLES FL 34117**

Mailing Address

**861 22ND STREET SE
NAPLES FL 34117**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2193916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

N/A

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**Hendel
CARD, CHRISTINE
861 22ND STREET SE
NAPLES FL 34117**

7. Name and Address of New Registered Agent

**Name: Christine m Hendel
Street Address (P.O. Box Number is Not Acceptable):
861 22nd Street SE
City: Naples FL Zip Code: 34117-3662**

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 **Christine M. Hendel**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

2/14/06

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

N/A

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARD, CHRISTINE	
STREET ADDRESS	861 22ND STREET SE	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDEL, MATTHEW	
STREET ADDRESS	861 22ND STREET SE	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	Volunteer	<input type="checkbox"/> Delete
NAME	Timothy M. Reardon	
STREET ADDRESS	1315 Greenwood Avenue	
CITY-ST-ZIP	Lehigh Acres FL 33972	
TITLE	Volunteer	<input type="checkbox"/> Delete
NAME	Scott A. Reardon	
STREET ADDRESS	1315 GREENWOOD AVENUE	
CITY-ST-ZIP	Lehigh Acres FL 33972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hendel, Christine m.	
STREET ADDRESS	861 22nd St SE	
CITY-ST-ZIP	Naples FL 34117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **Christine M. Hendel**

2/14/06

**455 4614 Home
641 4291 cell**