## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001618

FILED Jan 10, 2010 Secretary of State

Entity Name: COLLIER RABBIT REHABILITATION AND RESCUE, INC.

Current Principal Place of Business: New Principal Place of Business:

861 22ND STREET SE NAPLES, FL 341173662 861 22ND STREET SE NAPLES, FL 341173662 US

Current Mailing Address: New Mailing Address:

861 22ND STREET SE 861 22ND STREET SE NAPLES, FL 341173662 US NAPLES, FL 341173662 US

FEI Number: 20-2193916 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HENDEL, CHRISTINE M 861 22ND STREET SE NAPLES, FL 34117 US

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: [

Name: HENDEL, CHRISTINE M Address: 861 22ND STREET SE City-St-Zip: NAPLES, FL 34117 US

Title: D

Name: HENDEL, MATTHEW C Address: 861 22ND STREET SE City-St-Zip: NAPLES, FL 34117 US

Title: V

Name: NORMAN, JENNIFER
Address: 406 NW 20TH TERR
City-St-Zip: CAPE CORAL, FL 33993 US

Title: \

 Name:
 REARDON, TIM

 Address:
 406 NW 20TH TERR

 City-St-Zip:
 CAPE CORAL, FL 33993 US

Title: \

Name: NORMAN, ZACHERY
Address: 496 NW 20TH TERRACE
City-St-Zip: CAPE CORAL, FL 33993 US

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: CHRISTINE M HENDEL SIGNING THIS DOCUMENT

D

01/10/2010