
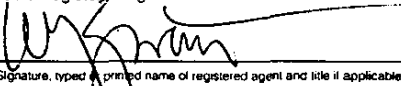
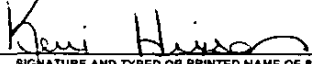


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90001 006 \*\*\*\*61.25

<b>DOCUMENT # N05000007133</b> 1. Entity Name <b>COLLIER COUNTY COALITION AGAINST HUMAN TRAFFICKING, INC.</b>					
Principal Place of Business <b>900 SIXTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102</b>			Mailing Address <b>P. O. BOX 9496 NAPLES, FL 34104</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>200 S. BISCAYNE BLVD.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>20<sup>TH</sup> FLOOR</b>			
City & State		City & State <b>MIAMI, FLORIDA</b>			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
<b>33131</b>	<b>USA</b>	<b>33131</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPRATT, WILLIAM J ESQ. 201 S. BISCAYNE BLVD. SUITE 2000 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>WILLIAM J. SPRATT, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 S. BISCAYNE BLVD.</b> <b>20<sup>TH</sup> FLOOR</b> City <b>MIAMI</b> FL <b>33131</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HIKSON, KERRI</b> <b>900 SIXTH AVENUE SOUTH, SUITE 201</b> <b>NAPLES, FL 34102</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <b>SAADA, AMY</b> <b>900 SIXTH AVENUE SOUTH, SUITE 201</b> <b>NAPLES, FL 34102</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>SLOTE, KIM</b> <b>900 SIXTH AVENUE SOUTH, SUITE 201</b> <b>NAPLES, FL 34102</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>SULLIVAN-HARTUNG, MAUREEN</b> <b>900 SIXTH AVENUE SOUTH, SUITE 201</b> <b>NAPLES, FL 34102</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b>  <b>2/11/08 239-732-2754</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					