

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007133

FILED
Sep 02, 2009
Secretary of State

Entity Name: COLLIER COUNTY COALITION AGAINST HUMAN TRAFFICKING, INC.

Current Principal Place of Business:

900 SIXTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

200 SOUTH BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131 US

Current Mailing Address:

200 S. BISCAYNE BLVD.
20TH FLOOR
MIAMI, FL 33131

New Mailing Address:

200 SOUTH BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131 US

FEI Number: 20-3137674 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPRATT, WILLIAM J ESQ.
200 S. BISCAYNE BLVD.
20TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SPRATT, WILLIAM J ESQ.
200 SOUTH BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131 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: WILLIAM J. SPRATT, JR.

09/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIXSON, KERRI
Address: 900 SIXTH AVENUE SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: VT () Delete
Name: SAADA, AMY
Address: 900 SIXTH AVENUE SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: V () Delete
Name: SLOTE, KIM
Address: 900 SIXTH AVENUE SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: S (X) Delete
Name: SULLIVAN-HARTUNG, MAUREEN
Address: 900 SIXTH AVENUE SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HIXSON, KERRI
Address: P.O. BOX 9694
City-St-Zip: NAPLES, FL 34101

Title: V (X) Change () Addition
Name: SCHLENDORN, MARISOL
Address: P.O. BOX 9694
City-St-Zip: NAPLES, FL 34101

Title: S (X) Change () Addition
Name: RIVERA, MARIA
Address: P.O. BOX 9694
City-St-Zip: NAPLES, FL 34101

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KERRI HIXSON

PD

09/02/2009

Electronic Signature of Signing Officer or Director

Date