

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009274

FILED
May 01, 2007
Secretary of State

Entity Name: SUBSTANCE ABUSE COALITION OF COLLIER COUNTY, INC.

Current Principal Place of Business:

1100 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

5775 OSCEOLA TRAIL
NAPLES, FL 34109

Current Mailing Address:

1100 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102

New Mailing Address:

P.O. BOX 990775
NAPLES, FL 34116

FEI Number: 20-3455197 **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:

Name and Address of New Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109 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: HON. () Delete
Name: BRODIE, LAUREN CHAIRMA
Address: 3301 EAST TAMiami TRAIL BLDG. L
City-St-Zip: NAPLES, FL 34112 US

Title: MR. () Delete
Name: RAMBOSK, KEVIN V CHAIR
Address: 3301 EAST TRAIL
City-St-Zip: NAPLES, FL 34112 US

Title: MR. () Delete
Name: YOUNKERS, MILLARD J TREAS
Address: 599 9TH STREET NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: MR. (X) Delete
Name: BAKER, RAYMOND J SEC.
Address: 5775 OSCEOLA TRAIL
City-St-Zip: NAPLES, FL 34109 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MR. (X) Change () Addition
Name: FUMAGALLI, JOHN D TREAS
Address: 4001 TAMiami TRAIL N
City-St-Zip: NAPLES, FL 34103 US

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: JOHN FUMAGALLI

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05/01/2007

Electronic Signature of Signing Officer or Director

Date