

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009274

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

5775 OSCEOLA TRAIL
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770759
NAPLES, FL 34107

New Mailing Address:

FEI Number: 20-3455197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: BAIN, BASIL
Address: 649 5TH AVE. SOUTH, STE. 205
City-St-Zip: NAPLES, FL 34102 US

Title: DR () Delete
Name: DELGADO, MARIA V
Address: PO BOX 770759
City-St-Zip: NAPLES, FL 34107

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: HON. (X) Change () Addition
Name: BRODIE, LAUREN C
Address: 3301 EAST TAMIAMI TRAIL BLDG. L
City-St-Zip: NAPLES, FL 34112 US

Title: MS. (X) Change () Addition
Name: MARTA, COBURN VC
Address: 3838 DOMESTIC AVE
City-St-Zip: NAPLES, FL 34104 US

Title: MR (X) Change () Addition
Name: BAIN, BASIL T
Address: 649 5TH AVE. SOUTH, STE. 205
City-St-Zip: NAPLES, FL 34102 US

Title: DR (X) Change () Addition
Name: DELGADO, MARIA V D
Address: PO BOX 770759
City-St-Zip: NAPLES, FL 34107

Title: MS. () Change (X) Addition
Name: HELEN, ATHAN, ESQ S
Address: 5551 RIDGEWOOD DR., SUITE 501
City-St-Zip: NAPLES, FL 34108

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: DR. MARIA V. DELGADO

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date