

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009274

FILED
Jan 06, 2010
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: MR.
Name: SALLEY, SCOTT P
Address: 3301 EAST TAMIAMI TRAIL E, BLDG. J
City-St-Zip: NAPLES, FL 34112 US

Title: MS.
Name: MARTA, COBURN VP
Address: 170 MENTOR DRIVE
City-St-Zip: NAPLES, FL 34110 US

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

Title: DR
Name: DELGADO, MARIA V D
Address: PO BOX 770759
City-St-Zip: NAPLES, FL 34107 US

Title: MS.
Name: HELEN, ATHAN, ESQ S
Address: 5551 RIDGEWOOD DR., SUITE 501
City-St-Zip: NAPLES, FL 34108 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: MARIA DELGADO

D

01/06/2010

Electronic Signature of Signing Officer or Director

Date