

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009274

FILED
May 11, 2012
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:

SEEWALD, JEANNE L ESQ.
800 LAUREL OAK DRIVE
SUITE 600
NAPLES, FL 34108 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: PRES
Name: SALLEY, SCOTT
Address: 3319 EAST TAMIAMI TRAIL E, BLDG. J
City-St-Zip: NAPLES, FL 34112 US

Title: VP
Name: NAPPO, FRANK DR.
Address: P.O. BOX 770759
City-St-Zip: NAPLES, FL 34107 US

Title: TREA
Name: DULSKI, LARRY
Address: 81 TAHITI ROAD
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: SECT
Name: GOGUEN, BRIAN
Address: 6210 GOLDEN OAKS LANE
City-St-Zip: NAPLES, FL 34119 US

Title: MGR.
Name: DIMERCURIO, ANA
Address: PO BOX 770759
City-St-Zip: NAPLES, FL 34107 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: ANA DIMERCURIO

MGR.

05/11/2012

Electronic Signature of Signing Officer or Director

Date