

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003944

FILED
Mar 10, 2009
Secretary of State

Entity Name: HOMESCHOOLERS OF COLLIER COUNTY, INC.

Current Principal Place of Business:

2461 PINWOODS CIRCLE
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 111716
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0598407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAFFNEY, AMY E
2461 PINWOODS CIRCLE
NAPLES, FL 34105 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: P () Delete
Name: HAURIEL, KIM
Address: 4257 30TH AVE SW
City-St-Zip: NAPLES, FL 34116

Title: VP () Delete
Name: BILEAU, GINA
Address: 856 94TH AVE N
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: GAFFNEY, AMY
Address: 2461 PINWOODS CIR
City-St-Zip: NAPLES, FL 34105

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: RANS, VICKI
Address: 163 FAIRWAY CIR
City-St-Zip: NAPLES, FL 34110

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

Title: S () Change (X) Addition
Name: KELLI, SPILKER
Address: 2260 16TH ST NE
City-St-Zip: NAPLES, FL 34120

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: AMY GAFFNEY

T

03/10/2009

Electronic Signature of Signing Officer or Director

Date