## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000008107

FILED Mar 21, 2009 Secretary of State

Entity Name: DISTRICT 7 TREATMENT FACILITIES COMMITTEE SOUTH, INC

Current Principal Place of Business: New Principal Place of Business:

85 12TH STREET SOUTH NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

85 12TH STREET SOUTH NAPLES, FL 34102

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEVENSON, DON

2847 66TH STREET SW

NAPLES, FL 34105 US

KOLLASCH, ANDREA
21573 BELHAVEN WAY
ESTERO, FL 33928 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: ANDREA KOLLASCH 03/21/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 STEVENSON, DON
 Name:
 KOLLASCH, ANDREA

 Address:
 2847 66TH STREET SW
 Address:
 21573 BELHAVEN WAY

 City-St-Zip:
 NAPLES, FL 34105
 City-St-Zip:
 ESTERO, FL 33928

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KUHN, CYNTHIA
 Name:

 Address:
 85 12TH STREET SOUTH
 Address:

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GORDON, MIKE
 Name:

 Address:
 1100 5TH AVE SOUTH #201
 Address:

 City-St-Zip:
 NAPLES, FL 34102
 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: ANDREA KOLLASCH P 03/21/2009