

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90023 036 \*\*\*\*61.25

**DOCUMENT # N14713**

1. Entity Name

COLLIER COUNTY CHILD ADVOCACY COUNCIL, INC.



Principal Place of Business

1034 6TH AVE N.  
NAPLES FL 34102  
US

Mailing Address

1034 6TH AVE N.  
NAPLES FL 34102  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0049492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, DEBRA  
3151 LAS PALMAS  
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE V  
NAME BOORSTIN, JAMES ☐ Delete  
STREET ADDRESS 1034 SIXTH AVE N  
CITY-ST-ZIP NAPLES FL 34102

TITLE P  
NAME ULLRICH, JACK ☐ Delete  
STREET ADDRESS 1034 6TH AVE N.  
CITY-ST-ZIP NAPLES FL 34102

TITLE S  
NAME PASSIDOMO, KATHLEEN ☒ Delete  
STREET ADDRESS 1034 6TH AVE N.  
CITY-ST-ZIP NAPLES FL 34102

TITLE T  
NAME GOEHLER, JIM ☐ Delete  
STREET ADDRESS 1034 6TH AVE N.  
CITY-ST-ZIP NAPLES FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME SONIA BRETZMANN ☐ Change ☒ Addition  
STREET ADDRESS 1034 6TH AVE N  
CITY-ST-ZIP NAPLES, FL 34102

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

1/30/06