2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# N14713

Entity Name: COLLIER COUNTY CHILD ADVOCACY COUNCIL, INC.

Current Principal Place of Business:

1034 6TH AVE N.
NAPLES, FL 34102 US

New Principal Place of Business:

1036 6TH AVE N.
NAPLES, FL 34102 US

Current Mailing Address:

1034 6TH AVE N.
NAPLES, FL 34102 US

New Mailing Address:

1036 6TH AVE N.
NAPLES, FL 34102 US

FEI Number: 65-0049492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, DEBRA
3151 LAS PALMAS
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: V ( ) Delete
Name: BOORSTIN, JAMES
Address: 1034 SIXTH AVE N
City-St-Zip: NAPLES, FL 34102

Title: P ( ) Delete
Name: ULLRICH, JACK
Address: 1034 6TH AVE N.
City-St-Zip: NAPLES, FL 34102 US

Title: S ( ) Delete
Name: BRETZMANN, SONIA
Address: 1034 6TH AVE N.
City-St-Zip: NAPLES, FL 34102 US

Title: T ( ) Delete
Name: GOEHLER, JIM
Address: 1034 6TH AVE N.
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JACQUELINE GRIFFITH STEPHENS ED 01/10/2007
Electronic Signature of Signing Officer or Director — Date