

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23551

FILED
Jan 21, 2009
Secretary of State

Entity Name: NAMI OF COLLIER COUNTY, INC.

Current Principal Place of Business:

5020 TAMIAMI TRAIL N
#110
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

5020 TAMIAMI TRAIL N
#110
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0047747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, KATHRYN
4658 SANTIAGO LANE
BONITA SPRINGS, FL 34134 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: D () Delete
Name: SCHULTZ, NANCY PRES
Address: 380 WEDGE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: ARLENE, AUSTIN SEC
Address: 700 11TH ST. S., #102
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: MAGGIE, BOWLES TREAS
Address: 11784 QUAIL VILLAGE WAY
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: ROSEMARY, PACE
Address: 6075 PELICAN BAY BLVD., #1405
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: JON, ROTHENBERG
Address: 10940 HARMONY PARK DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: GEORGE, WELCH
Address: 3301 TAMIAMI TRAIL E. BLDG.J-1
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: SCHULTZ, NANCY PRES
Address: 380 WEDGE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: O (X) Change () Addition
Name: ARLENE, AUSTIN SEC
Address: 700 11TH ST. S., #102
City-St-Zip: NAPLES, FL 34102

Title: O (X) Change () Addition
Name: MAGGIE, BOWLES TREAS
Address: 11784 QUAIL VILLAGE WAY
City-St-Zip: NAPLES, FL 34119

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 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: NANCY B. SCHULTZ

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date