

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28707

FILED
Mar 10, 2006
Secretary of State

Entity Name: COLLIER COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 367446
BONITA SPRINGS, FL 34136 US

New Principal Place of Business:

P.O. BOX 110934
NAPLES, FL 34108 US

Current Mailing Address:

P.O. BOX 367446
BONITA SPRINGS, FL 34136 US

New Mailing Address:

P.O. BOX 110934
NAPLES, FL 34108 US

FEI Number: 65-0091608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETRITES, MICHELE
27285 A RROYAL RD.
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

VICKERS, MARI-ELEAN
17010 PORTA VECCHIO WAY #102
NAPLES, FL 34110 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: MARI-ELEAN VICKERS

03/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAPLAN, AVA SPECTOR
Address: 1845 SENEGAL DATE DR
City-St-Zip: NAPLES, FL 34119

Title: C () Delete
Name: HOWARD, AMY
Address: 5088 ROAST OAK LANE
City-St-Zip: NAPLES, FL 34105

Title: V () Delete
Name: JUSTIZ, JANICE
Address: 9305 AUTUMN HAZE DR
City-St-Zip: NAPLES, FL 34109

Title: CS () Delete
Name: DENT, MARY
Address: 6617 MILL RUN LANE
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: PETRITES, MICHELE
Address: 27285 ARROYAL RD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: FT () Delete
Name: PETRITES, MICHELE
Address: 27285 ARROYAL RD.
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PPFT (X) Change () Addition
Name: HOWARD, AMY
Address: 5088 ROAST OAK LANE
City-St-Zip: NAPLES, FL 34105

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

Title: P (X) Change () Addition
Name: DENT, MARY
Address: 6617 MILL RUN LANE
City-St-Zip: NAPLES, FL 34109

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

Title: FT (X) Change () Addition
Name: VICKERS, MARI-ELEAN
Address: 27285 ARROYAL RD.
City-St-Zip: BONITA SPRINGS, FL 34135

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: MARI-ELEAN VICKERS

FT

03/10/2006

Electronic Signature of Signing Officer or Director

Date