
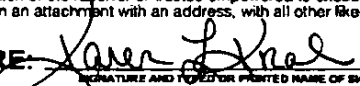


FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90044 021 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N38823			
1. Entity Name PROFESSIONAL GIVERS ANONYMOUS OF COLLIER COUNTY, INC.			
Principal Place of Business 4001 TAMiami TRAIL NORTH STE 404 NAPLES, FL 34103 US		Mailing Address 1167 THIRD STREET SOUTH SUITE 202 NAPLES, FL 34102 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 975 6th Ave S	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 104	
City & State		City & State NAPLES, FL	
Zip	Country	Zip	Country
		34102-6753	Collier/US
6. Name and Address of Current Registered Agent BOND, SCHOENECK & KING 4001 TAMiami TRAIL NORTH SUITE 404 NAPLES, FL 34103		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASMER, JOHN C 1801 GULF SHORE BLVD #503 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, HAROLD REV 450 NOTTINGHAM DR NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAGIN, LESLIE M 1801 GULF SHORES BLVD #802 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, MARTHA 393 SPRING LINE DR NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLANCHARD, CAROL 1167 THIRD STREET SOUTH SUITE 202 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROL, KAREN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 975 6th Ave S Suite 104 Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JUDY 375 BOW LINE DRIVE NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date _____ Daytime Phone # _____	