2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005477

FILED Jan 19, 2012 Secretary of State

Entity Name: COLLIER COUNTY ASSOCIATION FOR THE BLIND, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O GOLDEN GATE COMMUNITY CENTER 4701 GOLDEN GATE PARKWAY

NAPLES, FL 34116

NAPLES, FL 34112

NAPLES, FL 34116

4701 GOLDEN GATE PARKWAY

C/O GOLDEN GATE COMMUNITY CENTER

New Mailing Address: Current Mailing Address:

2800 AINTREE LN. P.O. BOX 2228 NAPLES, FL 34106 G101

FEI Number: 65-0458413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KNAUER, EDWARD B 501 GOODLETTE ROAD N SUITE D-100 NAPLES, FL 34102 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

VICE KIRK ANN Name:

Address: 1752 LAMBTON LANE City-St-Zip: NAPLES, FL 34104

Title:

Name: MCCARTEN, DONALD Address: 8 MONACO TERRACE City-St-Zip: NAPLES, FL 34113

Title: **PRES**

MCMAHON, CAROLYN Name: Address: 2800 AINTREE LANE City-St-Zip: NAPLES, FL 34112

Title:

Name: WEAVER, ROBERT Address: 3310 29TH AVE S.W. City-St-Zip: NAPLES, FL 34117

Title:

JAMES, KLUG Name: 4257 32ND AVE S.W. Address: NAPLES, FL 34116 City-St-Zip:

Title:

DENIEWSKI, DELORES Name: Address: 2712 KINGS LAKE BLVD NAPLES, FL 34112 City-St-Zip:

I hereby 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 all other like empowered.

PRES SIGNATURE: CAROLYN MCMAHON 01/19/2012