

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002334

FILED
May 06, 2004
Secretary of State**Entity Name:** COLLINS CENTER FUND, INC.**Current Principal Place of Business:**150 SE 2ND AVE.
STE 709
MIAMI, FL 33131 US**New Principal Place of Business:****Current Mailing Address:**150 SE 2ND AVE.
STE 709
MIAMI, FL 33131 US**New Mailing Address:****FEI Number:** 65-0477373 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PETREY, RODERICK N
701 BRICKELL AVE
SUITE 3000
MIAMI, FL 33131 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:** DC () Delete
Name: RUMBERGER, THOM
Address: 108 SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32302**Title:** DPST () Delete
Name: PETREY, RODERICK N
Address: 701 BRICKELL AVENUE, SUITE 3000
City-St-Zip: MIAMI, FL 33131**Title:** DV (X) Delete
Name: THAYER, STELLA
Address: 400 N. TAMPA STREET, STE. 2300
City-St-Zip: TAMPA, FL 33602**Title:** D () Delete
Name: AURELL, JANE COLLINS
Address: 1225 LIVE OAK PLANTATION ROAD
City-St-Zip: TALLAHASSEE, FL 32312**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 Section 119.07(3)(i), 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: RODERICK N PETREY

P

05/06/2004

Electronic Signature of Signing Officer or Director

Date