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Jun 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortfiam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005942 (5)**

1. Corporation Name

**COLLIER COUNTY, INSTITUTE FOR THE HEALING OF RACI  
SM, INC.**

Principal Place of Business

Mailing Address

**151 CYPRESS WAY E #B102  
ATTN: RICHARD B. DONOVAN  
NAPLES FL 34110**

**POST OFFICE BOX 3081  
NAPLES FL 34106-3081**

3. Date Incorporated or Qualified  
**11/18/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

Applied For

**65-0530772**

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONOVAN, RICHARD B  
151 CYPRESS WAY E #B102  
NAPLES FL 34110**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☐ DELETE

NAME **DONOVAN, RICHARD B**  
STREET ADDRESS **151 CYPRESS WAY E #B102**  
CITY-ST-ZIP **NAPLES FL 34110**

1.1 TITLE **CD** ☒ Change ☐ Addition

1.2 NAME **DONOVAN, RICHARD B**  
1.3 STREET ADDRESS **151 CYPRESS WAY E #B102**  
1.4 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **V** ☐ DELETE

NAME **CHAMPION, LINDA**  
STREET ADDRESS **906 MORNINGSIDE DRIVE, #3**  
CITY-ST-ZIP **NAPLES FL 34103**

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME **CHAMPION, LINDA**  
2.3 STREET ADDRESS **906 MORNINGSIDE DR #3**  
2.4 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **S** ☐ DELETE

NAME **MCDERMOTT, SUSAN**  
STREET ADDRESS **782 103RD AVENUE**  
CITY-ST-ZIP **NAPLES FL 34108**

3.1 TITLE **SD** ☒ Change ☐ Addition

3.2 NAME **MCDERMOTT, SUSAN**  
3.3 STREET ADDRESS **782 103RD AVE N**  
3.4 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **T** ☐ DELETE

NAME **PURNELL, EUGENE**  
STREET ADDRESS **6251 ADKINS AVENUE**  
CITY-ST-ZIP **NAPLES FL 34112**

4.1 TITLE **TD** ☒ Change ☐ Addition

4.2 NAME **PURNELL, EUGENE**  
4.3 STREET ADDRESS **6251 ADKINS AVE**  
4.4 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)