

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005948

FILED
Jan 10, 2012
Secretary of State

Entity Name: DR. PIPER CENTER FOR SOCIAL SERVICES, INC.

Current Principal Place of Business:

2607 DR. ELLA PIPER WAY
FT. MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2607 DR. ELLA PIPER WAY
FT. MYERS, FL 33916

New Mailing Address:

FEI Number: 65-0788551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELUNA, NIDA C
2607 DR. ELLA PIPER WAY
FT. MYERS, FL 33916 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: D
Name: MAXWELL, SUE
Address: 2776 CLEVELAND AVE
City-St-Zip: FT. MYERS, FL 33901

Title: D
Name: GOFF, REBECCA
Address: 7171 CYPRESS LAKE DR.
City-St-Zip: FORT MYERS, FL 33907

Title: D
Name: SCOTT, RALEIGH C
Address: 2135 CRYSTAL DR #37
City-St-Zip: FT MYERS, FL 33907

Title: D
Name: CANICOSA, HELLEN
Address: 4150 FORD STREET EXTENSION
City-St-Zip: FORT MYERS, FL 33916

Title: D
Name: MCKINNEY, CHARLES DR
Address: 19501 BEN HILL GRIFFEN PKY
City-St-Zip: FT MYERS, FL 33965

Title: D
Name: TALLEY, JAMES
Address: 2255 9TH PL.
City-St-Zip: LEHIGH ACRES, FL 33972

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.

SIGNATURE: NIDA C. ELUNA

E.D.

01/10/2012

Electronic Signature of Signing Officer or Director

Date