

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009274

**Entity Name:** SUBSTANCE ABUSE COALITION OF COLLIER COUNTY, INC.**Current Principal Place of Business:**5775 OSCEOLA TRAIL  
NAPLES, FL 34109**Current Mailing Address:**P.O. BOX 770759  
NAPLES, FL 34107**FEI Number:** 20-3455197**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEEWALD, JEANNE LESQ.  
800 LAUREL OAK DRIVE  
SUITE 600  
NAPLES, FL 34108 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**Officer/Director Detail :**

Title	PRES
Name	NAPPO, FRANK
Address	11224 LONGSHORE WAY W
City-State-Zip:	NAPLES FL 34119

Title	VP
Name	DETTLOFF, DAVE
Address	5811 PELICAN BAY BLVD. SUITE 102
City-State-Zip:	NAPLES FL 34108

Title	TREA
Name	DULSKI, LARRY
Address	81 TAHITI ROAD
City-State-Zip:	MARCO ISLAND FL 34145

Title	SECT
Name	GOGUEN, BRIAN
Address	6210 GOLDEN OAKS LANE
City-State-Zip:	NAPLES FL 34119

Title	DIR.
Name	BLACK, MELANIE A
Address	P.O. BOX 770759
City-State-Zip:	NAPLES FL 34107

*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:** MELANIE A BLACK**EXECUTIVE DIRECTOR****02/26/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date