

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009274

Entity Name: SUBSTANCE ABUSE COALITION OF COLLIER COUNTY, INC.**Current Principal Place of Business:**3003 TAMiami TRAIL N
303
NAPLES, FL 34103**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:**HL STATUTORY AGENT, INC.
5811 PELICAN BAY BLVD.
SUITE 650
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	PRESIDENT
Name	PEZESHKAN, REY
Address	2550 GOODLETTE-FRANK RD
City-State-Zip:	NAPLES FL 34103

Title	TREA
Name	DAVID , WESTON
Address	4754 1ST AVE SW
City-State-Zip:	NAPLES FL 34119

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

Title	VP
Name	DETTLOFF, DAVID
Address	999 VANDERBILT BEACH RD
City-State-Zip:	NAPLES FL 34108

Title	CEO
Name	BLANCHETTE, GUY
Address	3003 TAMiami TRAIL N 303
City-State-Zip:	NAPLES FL 34103

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: GUY BLANCHETTE

CEO

03/30/2018

Electronic Signature of Signing Officer/Director Detail_____
Date