

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009368

Entity Name: COLLIER SPAY NEUTER CLINIC, INC.

Current Principal Place of Business:

2544 NORTHBROOKE PLAZA DR.
NAPLES, FL 34120

Current Mailing Address:

2544 NORTHBROOKE PLAZA DR.
NAPLES, FL 34120

FEI Number: 26-1310877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIAZ, PALLAS
591 6TH ST NE
NAPLES, FL 34120 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 DIR
Name DIAZ, PALLAS
Address 591 6TH ST NE
City-State-Zip: NAPLES FL 34120

Title DIR
Name WILL, ROSENBAUM
Address 2111 FORREST LN
City-State-Zip: NAPLES FL 34102

Title P
Name DIAZ, EFRAIN
Address 591 6TH ST NE
City-State-Zip: NAPLES FL 34120

Title SECRETARY
Name NEVINS, CAROL
Address 3711 COSTA MAYA WAY
City-State-Zip: ESTERO FL 33928

Title DIRECTOR
Name BILGER, SHARON
Address 5221 BOXWOOD WAY
City-State-Zip: NAPLES FL 34116

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: PALLAS DIAZ

EXECUTIVE DIRECTOR

01/30/2015

Electronic Signature of Signing Officer/Director Detail

Date