2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# N02000003841

Entity Name: CHILDREN'S MUSEUM OF NAPLES, INC.

Current Principal Place of Business:

821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2423
NAPLES, FL 34106 US

New Mailing Address:

FEI Number: 01-0687133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNETT, LISA H
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 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: PD ( ) Delete
Name: KOESTER, JULIE
Address: 454 PALM RIVER BLVD.
City-St-Zip: NAPLES, FL 34110

Title: VD ( ) Delete
Name: ROSS, NANCY
Address: 73 - 4TH STREET
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD ( ) Delete
Name: BARNETT-BUCKHEIT, KIM
Address: 2123 LAGONA WAY
City-St-Zip: NAPLES, FL 34109

Title: TD ( ) Delete
Name: BARNETT, LISA H
Address: 821 FIFTH AVE. SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: LOOS, ALLYSON
Address: 445 7TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: PRIOLETTI, BRENDA
Address: 2550 COACH LANE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISA H. BARNETT TD 01/14/2005

Electronic Signature of Signing Officer or Director — Date