

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90063 021 ****61.25

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1. Entity Name
GENEALOGICAL SOCIETY OF COLLIER COUNTY, INC.



Principal Place of Business
SC/O ST. JOHN'S EPISCOPAL CHURCH
500 PARK SHORE DRIVE
NAPLES, FL 34103

Mailing Address
SC/O ST. JOHN'S EPISCOPAL CHURCH
500 PARK SHORE DRIVE
NAPLES, FL 34103

40007306



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P.O. Box 7933

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State

City & State
Naples FL

4. FEI Number
26-0460332

Applied For
Not Applicable

Zip

Country

Zip
34101-7933

Country
US

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENDER, MICHELE J
2660 66TH ST SW
NAPLES, FL 34105

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Delete
NAME BENDER, MICHELE J
STREET ADDRESS 2660 66TH ST SW
CITY-ST-ZIP NAPLES, FL 34105

TITLE V Change Addition
NAME APPELEGATE, JAMES B.
STREET ADDRESS 8305 GINGER LILY COURT
CITY-ST-ZIP NAPLES, FL 34113

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T Change Addition
NAME GOUGH, PETER
STREET ADDRESS 365 FIRST AVE SOUTH
CITY-ST-ZIP NAPLES, FL 34102

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Change Addition
NAME MYERS, RUTH E.
STREET ADDRESS 1889 WINDING OAKS WAY
CITY-ST-ZIP NAPLES, FL 34109

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Change Addition
NAME SIEBENALLER, JACQUELINE
STREET ADDRESS 5946 BERMUDA LANE
CITY-ST-ZIP NAPLES, FL 34119

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Change Addition
NAME VAN FLEET, JAMES A.
STREET ADDRESS 189 SPRING LAKE CIR.
CITY-ST-ZIP NAPLES, FL 34119

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Change Addition
NAME RIST, GORDON L.
STREET ADDRESS 791 29th ST SW
CITY-ST-ZIP NAPLES, FL 34117

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michele J. Bender Michele J. Bender 1/15/08 239 262 5108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #