## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N14213 1. Entity Name

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90007 021 \*\*\*\*61.25

FRIENDS OF COLLIER COUNTY MUSEUM, INC.											
Principal Place COLLIER COU 3301 TAMIAN NAPLES, FL	NTY MUSEUM AI TRAIL EAST	Maifing Address P.O. BOX 2181 NAPLES, FL 34102 US									
2. Principal Pt	ace of Business - No P.O. Box #	3. Maiting Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03162007	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State				4. FEI Number Applied For 59-2653840 Not Applicable					
Zip	Country	Country Zip Co		untry	5. Certificate of Status Desired						
6. Name and Address of Current						7. Name and	Address of New I	Registered A	gent		
BLANKENSHIP, LISA G				Name							
315 EILLM NAPLES, F	ORE ST 313 FILL	Street Addi			ldress (f	ess (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.											
3-9											
SIGNATURE .	Signature, typed or printed name of registered again	and tate if applicable. (NC	OTE: Registere	nd Agent agnetis	e required	when rematating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Finan Trust Fund Contribution.							check payable to Department of State		
10.	OFFICERS AND DI	RECTORS 11.		<del></del>	A	ODITIONS/CHA	NGES TO OFFICE	ERS AND DIF	RECTORS IN	10	
TITLE	PD	IX Delete		TITLE PRESIDENT				Change	Addition		
NAME	CRAIG, DONALD F		NAM		F. JOSEPH MCMACKIN III			111二			
STREET ADDRESS	290 RIDGE DRIVE	t t		EET ADORESS	•	DOI TAMIAMI TABIL N.					
CITY-ST-ZP	NAPLES, FL 34108			r-st-7/P	NAM	es, FC 3	4103		7		
TITLE NAME	VPD LITT, LARRY	☐ Delete	TTTL:	1					Change	Addition	
STREET ADDRESS	248 PALM DRIVE		1	EET ADORESS							
CITY-ST-ZIP	NAPLES, FL 34112			/-ST-ZIP							
TITLE	TD	☐ Delete	ΠL	£		SUNER			Change	Addition	
NAME	CRAIG, DONALD F		NAV	- 1	DAY	11D PFAF	F.				
STREET ADDRESS CITY-ST-ZIP	6423 BIRENWOOOD CT.			EET ADORESS 7-ST-ZIP			3. 4102			I	
	NAPLES, FL 34108								Change	(EP) Addition	
TITLE	REED, MOLLY	Deficite:	TITL NAME			ZETARY BLANKE	NSHP		☐ Change	Addition	
STREET ADDRESS	3845 ESTERO BAY LANE			EET ADORESS	313	FILMORE	57				
CITY-ST-ZIP	NAPLES, FL 34112		αn	Y-ST-ZIP	NAPL	es FL	34104	- <u>-</u>			
IIITE	PD	M Delete	ΠTL			- PRESIDE			Change	Addition	
NAME	LITT, LARRY B		NAM	Æ	RICK	COMPTON 546 ST N	<b>د.</b> )				
STREET ADDRESS CTIY-ST-ZIP	4864 LASPUETI WAY NAPLES, FL 34119					346 SA 19 185, FC 30					
	MAPLES, PL SATIS		ıπ	r	DIAC	Crok	1720		☐ Change		
TITLE		L. Delete	NAM			UD F. CHAI	6-		(N) CHINGS	Addition	
STREET ADDRESS			STR	EET ADDRESS	642	3 BIKENI	WOOD CT.				
CITY-ST-ZIP			am	Y-S1-21P	NAPL	ES R 3	4108				
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Horida 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.											

LISA BLANKENSHIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR