
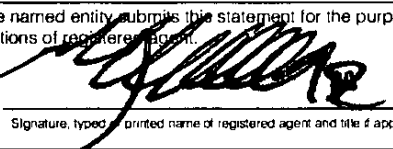
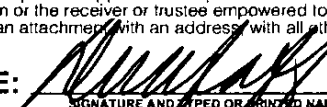


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90007 010 ****61.25

DOCUMENT # N14213 1. Entity Name FRIENDS OF COLLIER COUNTY MUSEUM, INC.					
Principal Place of Business COLLIER COUNTY MUSEUM 3301 TAMIAMI TRAIL EAST NAPLES, FL 33962-4961				Mailing Address P.O. BOX 2181 NAPLES, FL 34102 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2653840				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLANKENSHIP, LISA G 313 EILLMORE ST NAPLES, FL 34104			Name MCMACKIN, F. JOSEPH III Street Address (P.O. Box Number is Not Acceptable) 3000 SHORENECK + KING 4001 TAMIAMI TRAIL N. City NAPLES FL 34103		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE January 23 2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMACKIN, JOSEPH F III		NAME		
STREET ADDRESS	4001 TAMIAMI TRAIL N		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34105		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITT, LARRY		NAME		
STREET ADDRESS	248 PALM DRIVE		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34112		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PFAFF, DAVID		NAME		
STREET ADDRESS	696 16TH AVE S		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34102		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANKENSHIP, LISA		NAME		
STREET ADDRESS	313 FILLMORE ST		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34104		CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COMPTON, RICK		NAME		
STREET ADDRESS	525 5TH ST NW		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34120		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAIG, DONALD F		NAME		
STREET ADDRESS	6423 BIRCHWOOD CT		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34108		CITY - ST - ZIP		
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:  D.N. PFAFF <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/22/08 239/793-8353 <small>Daytime Phone #</small>		