


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90174 001 ****61.25

DOCUMENT # N93000003784					
1. Entity Name NAPLES CHAPTER OF NATIONAL AMBUCS, INC.					
Principal Place of Business P.O. BOX 10606 NAPLES, FL 34101			Mailing Address P.O. BOX 10606 NAPLES, FL 34101		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ASHLEY, REX N 1044 CASTELLO DR #106 NAPLES, FL 34103				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input type="checkbox"/> Delete		TITLE	TO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHLEY, N. REX			NAME	
STREET ADDRESS	1044 CASTELLO DR #106			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOOPMAN, VICKI			NAME	
STREET ADDRESS	1036 SUMMERFIELD DR			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTLE, MARGARET			NAME	
STREET ADDRESS	5060 NAPOLI DR			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, PATRICIA			NAME	
STREET ADDRESS	4082 BELAIRE LN #22			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	Gilvey, Norm
STREET ADDRESS				STREET ADDRESS	510 Robin Hood Circle #102
CITY-ST-ZIP				CITY-ST-ZIP	Naples FL 34104
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>W Rex Ashley</i>		N Rex Ashley		4/22/04 239-261-7200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Name</small>		<small>Date</small>	

34000000



04152004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0635009 Applied For Not Applicable

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

FL

Zip Code

Filing Fee is \$61.25 Due by May 1, 2004

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ASHLEY, N. REX	
STREET ADDRESS	1044 CASTELLO DR #106	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KOOPMAN, VICKI	
STREET ADDRESS	1036 SUMMERFIELD DR	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASTLE, MARGARET	
STREET ADDRESS	5060 NAPOLI DR	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDREWS, PATRICIA	
STREET ADDRESS	4082 BELAIRE LN #22	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilvey, Norm	
STREET ADDRESS	510 Robin Hood Circle #102	
CITY-ST-ZIP	Naples FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *W Rex Ashley* N Rex Ashley 4/22/04 239-261-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #