

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001547

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: NAPLES BOTANICAL GARDEN, INC.

## Current Principal Place of Business:

4820 BAYSHORE DR  
NAPLES, FL 34112 US

## New Principal Place of Business:

## Current Mailing Address:

4820 BAYSHORE DR  
NAPLES, FL 34112 US

## New Mailing Address:

FEI Number: 65-0511429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOLLEY, BRIAN  
4820 BAYSHORE DR.  
NAPLES, FL 34112 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: D ( ) Delete  
Name: WHITE, LINDA  
Address: 4820 BAYSHORE DR.  
City-St-Zip: NAPLES, FL 34112

Title: DT ( ) Delete  
Name: BENSON, RICHARD H  
Address: 4820 BAYSHORE DR.  
City-St-Zip: NAPLES, FL 34112

Title: DS ( ) Delete  
Name: WARE, CATHERINE K  
Address: 4820 BAYSHORE DR.  
City-St-Zip: NAPLES, FL 34112

Title: DP (X) Delete  
Name: BERGER, CHARLES M  
Address: 4820 BAYSHORE DR.  
City-St-Zip: NAPLES, FL 34112

Title: DV ( ) Delete  
Name: SPROUL, JULIET C  
Address: 4820 BAYSHORE DR.  
City-St-Zip: NAPLES, FL 34112

Title: DV ( ) Delete  
Name: LAGRIPPE, JAMES  
Address: 4820 BAYSHORE DR.  
City-St-Zip: NAPLES, FL 34112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SMITH, DAVID B  
Address: 4820 BAYSHORE DR.  
City-St-Zip: NAPLES, FL 34112

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: DP (X) Change ( ) Addition  
Name: SPROUL, JULIET C  
Address: 4820 BAYSHORE DR.  
City-St-Zip: NAPLES, FL 34112

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOYCE E. ZIRKLE

AT

03/20/2009

Electronic Signature of Signing Officer or Director

Date