


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

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

DOCUMENT # N07000006229			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>P.O. Box 7933</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Naples FL</i>	
Zip	Country	Zip <i>34101-7933</i>	Country <i>US</i>
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 <i>FL</i> 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P BENDER, MICHELE J 2660 66TH ST SW NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V APPELEGATE, JAMES B. 8305 GINGER LILY COURT NAPLES, FL 34113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOUGH, PETER 365 FIRST AVE SOUTH NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MYERS, RUTH E. 1889 WINDING OAKS WAY NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEBENALLER, JACQUELINE 5946 BERMUDA LANE NAPLES, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN FLEET, JAMES A. 189 SPRING LAKE CIR. NAPLES, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIST, GORDON L. 791 29th ST SW NAPLES, FL 34117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Michele J. Bender</i>		Michele J. Bender 1/15/08 239 262 5108	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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4. FEI Number *26-0460332* Applied For Not Applicable

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