

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003841

Entity Name: THE GOLISANO CHILDREN'S MUSEUM OF NAPLES, INC.**Current Principal Place of Business:**15080 LIVINGSTON ROAD
NAPLES, FL 34109**Current Mailing Address:**15080 LIVINGSTON ROAD
NAPLES, FL 34109 US**FEI Number: 01-0687133****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VAN DIEN, LISA B
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US*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

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN
Name LOMBARDO, CHRISTOPHER ESQ.
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR, SECRETARY
Name SINGLETON, CATHARINE
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title VC, DIRECTOR
Name BARON, MARY
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name CARTWRIGHT, TIMOTHY
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name WOLLMAN, EDWARD E ESQ.
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name COLLINS, KIM
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name FELLEENZ, MARY
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name STAROPOLI, NANNETTE
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

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I hereby 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 all other like empowered.

SIGNATURE: KARYSIA DEMAREST**EXECUTIVE DIRECTOR****04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SAWYER, SONYA
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title EXECUTIVE DIRECTOR
Name DEMAREST, KARYSIA
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name LOOS, JOHN
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name VON SCHRIENER VALENTI, MIMY
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name O'NEILL, THOMAS
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name COBEAGA, GUS
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name THORNBURG, BRIAN DR.
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name WAGNER, TOM
Address 15080 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109