

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006229

**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC1451689879**

**Entity Name:** GENEALOGICAL SOCIETY OF COLLIER COUNTY, INC.

**Current Principal Place of Business:**

C/O MOORINGS PRESBYTERIAN CHURCH  
791 HARBOUR DRIVE  
NAPLES, FL 34103

**Current Mailing Address:**

P.O. BOX 7933  
NAPLES, FL 34101

**FEI Number: 26-0460332**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BENDER, MICHELE J  
2660 66TH ST SW  
NAPLES, FL 34105 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 D  
Name BENDER, MICHELE J  
Address 2660 66TH ST SW  
City-State-Zip: NAPLES FL 34105

Title P  
Name MAUER, ARLENE  
Address 7123 BLUE JUNIPER COURT, #202  
City-State-Zip: NAPLES FL 34109

Title T  
Name JOHNSON, GARY W  
Address 8448 RADCLIFFE TERRACE, #103  
City-State-Zip: NAPLES FL 34120

Title V  
Name SIEBENALLER, JACQUELINE  
Address 5946 BERMUDA LANE  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name GREEN, BARBARA  
Address 1929 EMPRESS CT.  
City-State-Zip: NAPLES FL 34110

Title V  
Name ROPERS, WERNER  
Address 7843 IONIO CT.  
City-State-Zip: NAPLES FL 34114

*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: GARY W JOHNSON**

**TREASURER**

**01/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date