

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006229

**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:**JOHNSON, GARY W  
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:** GARY W JOHNSON

01/08/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | OVERMAN, MARIE C     |
| Address         | P O BOX 2154         |
| City-State-Zip: | NAPLES FL 34106-2154 |

|                 |                 |
|-----------------|-----------------|
| Title           | DIRECTOR        |
| Name            | MAUER, ARLENE   |
| Address         | P.O. BOX 7933   |
| City-State-Zip: | NAPLES FL 34101 |

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

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | HILES, DAVID A       |
| Address         | 6096 SHALLOW WAY     |
| City-State-Zip: | NAPLES FL 34109-0761 |

|                 |                 |
|-----------------|-----------------|
| 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**

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date