

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006229

**Entity Name:** GENEALOGICAL SOCIETY OF COLLIER COUNTY, INC.**Current Principal Place of Business:**C/O FAITH LUTHERAN CHURCH  
4150 GOODLETTE ROAD  
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:** MICHELE J. BENDER

01/11/2018

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

Title	VP
Name	BRUEHLER, JEANNE
Address	230 PINE KEY LN
City-State-Zip:	NAPLES FL 34114

Title	VP
Name	ALBRECHT, VRINDA L
Address	3218 BARBADOS LANE
City-State-Zip:	NAPLES FL 34119

Title	SECRETARY
Name	KISH, KIMBERLY
Address	289 SPIDER LILY LANE
City-State-Zip:	NAPLES FL 34119

Title	CORRESPONDING SECRETARY
Name	POINTER, NANCY
Address	3400 GULF SHORE BLVD., N L-6
City-State-Zip:	NAPLES FL 34103

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:** MICHELE J. BENDER**TREASURER**

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date