

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000878

Entity Name: GREATER NAPLES AREA PLANNED GIVING COUNCIL, INC.**FILED**
Apr 23, 2020
Secretary of State
9952254462CC**Current Principal Place of Business:**C/O JEANNE BOLDS
11100 BONITA BEACH ROAD SUITE 108-A
BONITA SPRINGS, FL 34135**Current Mailing Address:**PO BOX 153
BONITA SPRINGS, FL 34133 US**FEI Number: 26-1849295****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOLDS, JEANNE F
11100 BONITA BEACH ROAD SE
SUITE 108-A
BONITA SPRINGS, FL 34135 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: JEANNE F. BOLDS****04/23/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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|-----------------|-------------------------|
| Title | PRESIDENT |
| Name | SEAMPLES, MARCI |
| Address | PO BOX 153 |
| City-State-Zip: | BONITA SPRINGS FL 34133 |

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|-----------------|-------------------------|
| Title | VP |
| Name | FRAZIER, ANNE |
| Address | PO BOX 153 |
| City-State-Zip: | BONITA SPRINGS FL 34133 |

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|-----------------|-----------------|
| Title | TREASURER |
| Name | FOSS, MATTHEW |
| Address | PO BOX 594 |
| City-State-Zip: | NAPLES FL 34106 |

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|-----------------|-----------------|
| Title | SECRETARY |
| Name | PEREIRA, MIRIAM |
| Address | PO BOX 594 |
| City-State-Zip: | NAPLES FL 34106 |

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|-----------------|-------------------------|
| Title | VP |
| Name | NASSIF, MEREDITH |
| Address | PO BOX 153 |
| City-State-Zip: | BONITA SPRINGS FL 34133 |

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|-----------------|-------------------------|
| Title | VP |
| Name | JONES, DAWN |
| Address | PO BOX 153 |
| City-State-Zip: | BONITA SPRINGS FL 34133 |

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: MARCI SEAMPLES**PRESIDENT****04/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date