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.

TREAURER

SIGNATURE: VALERIEANNE M BUNDY

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N14213

Entity Name: FRIENDS OF COLLIER COUNTY MUSEUM, INC.

Current Principal Place of Business:

COLLIER COUNTY MUSEUM 3331 TAMIAMI TRAIL EAST NAPLES, FL 34104

Current Mailing Address:

P.O. BOX 2181 NAPLES, FL 34106 US

FEI Number: 59-2653840

Name and Address of Current Registered Agent:

DWIGHT, BILL 3331 TAMIAMI TRAIL EAST NAPLES, FL 34104 US FILED Apr 29, 2022 Secretary of State 2435041093CC

Certificate of Status Desired: No

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 | : BILL DWIGHT | | | 04/29/2022 |
|---------------------------|--|-----------------|-----------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PRESIDENT, SECRETARY | Title | TREASURER | |
| Name | DWIGHT, BILL | Name | BUNDY, VALERIEANNE M. | |
| Address | P.O. BOX 2181 | Address | P.O. BOX 2181 | |
| City-State-Zip: | NAPLES FL 34106 | City-State-Zip: | NAPLES FL 34106 | |
| Title | PARLIAMENTARIAN | Title | VP | |
| Name | WEEKS, HAROLD | Name | WEEKS, HAROLD | |
| Manie | WEEKS, HAROED | | | |
| Address | PO BOX 2181 | Address | P.O. BOX 2181 | |
| City-State-Zip: | NAPLES FL 34106 | City-State-Zip: | NAPLES FL 34106 | |

04/29/2022

Date