

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003784

Entity Name: NAPLES CHAPTER OF NATIONAL AMBUCS, INC.**Current Principal Place of Business:**2285 CAPRI CT
NAPLES, FL 34105**Current Mailing Address:**P.O. BOX 1287
NAPLES, FL 34106**FEI Number:** 65-0635009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASHLEY, REX N
1044 CASTELLO DR #106
NAPLES, FL 34103 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	PD
Name	ANDREWS, PATRICIA
Address	PO BOX 1287
City-State-Zip:	NAPLES FL 34106

Title	VPD
Name	KELLY, CARMEN
Address	190 PINEHURST CIRCLE
City-State-Zip:	NAPLES FL 34113

Title	SD
Name	LOVEJOY, NANCY
Address	180 TURTLE LAKE CT 302
City-State-Zip:	NAPLES FL 34105

Title	D
Name	STANTON, DALE
Address	4328 CORPORATE SQ SUITE D
City-State-Zip:	NAPLES FL 34104

Title	D, TREASURER
Name	MARGARET, CASTLE
Address	2285 CAPRI CT
City-State-Zip:	NAPLES FL 34105

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: PATRICIA ANDREWS**PRESIDENT****02/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date