

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001547

Entity Name: NAPLES BOTANICAL GARDEN, INC.**Current Principal Place of Business:**4820 BAYSHORE DR
NAPLES, FL 34112**Current Mailing Address:**4820 BAYSHORE DR
NAPLES, FL 34112 US**FEI Number:** 65-0511429**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOLLEY, BRIAN
4820 BAYSHORE DR.
NAPLES, FL 34112 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 TREASURER
Name SMITH, DAVID B
Address 4820 BAYSHORE DR.
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name SPOUL, JULIET
Address 4820 BAYSHORE DR.
City-State-Zip: NAPLES FL 34112

Title SECRETARY
Name CHABRAJA, ELEANOR B
Address 4820 BAYSHORE DR.
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name LEA, BATES
Address 4820 BAYSHORE DRIVE
City-State-Zip: NAPLES FL 34112

Title CHAIRMAN
Name LAGRIPE, JAMES
Address 4820 BAYSHORE DR.
City-State-Zip: NAPLES FL 34112

Title EXECUTIVE DIRECTOR
Name HOLLEY, BRIAN
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name BERGER, JANE
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name BUEHLER BLANKENSHIP, PATRICIA
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

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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: BRIAN HOLLEY**EXECUTIVE DIRECTOR****03/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BRADSHAW, WILLIAM PHD
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name FINN, BARBARA
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name FLOOD, THOMAS
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name FUMAGALLI, JOHN
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name KAPNICK, SCOTT
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name WARE, CATHERINE
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR IN MEMORIAM
Name KAPNICK, HARVEY JR.
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name DIAZ, FERMIN
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name FLEGEL, ELYNOR
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name FOGG, LESLIE
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name HERB, JUDITH
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name VANDENBERG, JOHN
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name WHITE, LINDA
Address 4820 BAYSHORE DR
City-State-Zip: NAPLES FL 34112