

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717348

FILED
Apr 15, 2009
Secretary of State

Entity Name: LIONS GATE OF NAPLES, INC.

Current Principal Place of Business:

2919 GULF SHORE BLVD., NORTH
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

C/O MELDON CONSULTANTS
800 HARBOUR DRIVE STE #7/8
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-1298376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, WILLIAM S
C/O MELDON CONSULTANTS
4949 TAMiami TR. N. #201
NAPLES, FL 341033017 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BONEBRAKE, RONALD
Address: 2919 GULF SHORE BLVD N, #703
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: HARDEK, JOHN J
Address: 2919 GULF SHORE BLVD., 701
City-St-Zip: NAPLES, FL 34103

Title: DV () Delete
Name: MATTHEWS, KATHLEEN
Address: 2919 GULF SHORE BLVD N, #303
City-St-Zip: NAPLES, FL 34103

Title: TD () Delete
Name: STROHM, PHILIP A
Address: 2919 GULF SHORE BLVD N. #501
City-St-Zip: NAPLES, FL 34103

Title: DV () Delete
Name: SMITH, CARTER JR
Address: 2919 GULF SHORE BLVD N, #103
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HARDEK, JOHN J
Address: 2919 GULF SHORE BLVD., 701
City-St-Zip: NAPLES, FL 34103

Title: VPD (X) Change () Addition
Name: MATTHEWS, KATHLEEN
Address: 2919 GULF SHORE BLVD N, #303
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SMITH, CARTER JR
Address: 2919 GULF SHORE BLVD N, #103
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RONALD BONEBRAKE

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date