2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2004 8:00 am **Secretary of State DOCUMENT # 728662** 1. Entity Name 03-15-2004 90012 026 ****61.25 THE LAURENTIANS OF NAPLES, INC. Principal Place of Business Mailing Address 1285 GULF SHORE BLVD NO. 1285 GULF SHORE BLVD NO. NAPLES FL 34102 NAPLES FL 34102 54018375 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-1606462 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PASTRYK, RG Street Address (P.O. Box Number is Not Acceptable) 1285 GULF SHORE BLVD N NAPLES FL 34102 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Due By May 1, 2004 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE ☐ Change Addition LAWSON, CHARLES J NAME NAME 1285 GULF SHORE BLVD NORTH STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition DOHL, PAUL R NAME NAME 1285 GULF SHORE BLVD N STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE GRANT, GERALD U NAME NAME 1285 GULF SHORE BLVD, N STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BALL, FRANK R JR NAME NAME 1285 GULF SHORE BLVD N STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change SHORENSON, EDMUND H NAME NAME 1285 GULF SHORE BLVD N STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP DP TITLE TITLE Change ☐ Delete [] Addition PASTRYK, R.G. NAME NAME 1285 GULF SHORE BLVD N STREET ADDRESS STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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CITY-ST-ZIP

NAPLES FL 34102

CITY-ST-ZIP

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	ANNOAL N	EPORT (AR)			•
DOCUMENT # 728662 1. Entity Name THE LAURENTIANS OF NAPLES, INC.					
				GLIENT'S COPY 54018371	
Principal Place of Business		Mailing Address		10.000	
1285 GULF SHORE BLVD NO. NAPLES FL 34102		1285 GULF SHORE BLVD NO. NAPLES FL 34102			, ,
2. Principal Place of Business		3. Mailing Address			ľ
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)	
City & State		City & State		4. FEI Number 59-1606462 Applied F Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent		
PASTRYK, RG 1285 GULF SHORE BLVD N NAPLES FL 34102		· Management where we will	Street Address	(P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
	named entity submits this statement foi ions of registered agent.	r the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE -					
	Signature, typed or printed name of registered agent	and little if applicable, (NOTE.	Registered Agent signature requi	od when roinstating) DATE	_
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10.	OFFICERS AND DIE				
ITTLE NAME	11/0		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
i Isaliki	LAWSON, CHARLES J	RECTORS Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	Addition
STREET ADDRESS	LAWSON, CHARLES J 1285 GULF SHORE BLVD NORTH		· • · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	Addition
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indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 3-11-04 239-262-3616 Date Daytime Prone •

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR