

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728662

FILED
Mar 25, 2009
Secretary of State

Entity Name: THE LAURENTIANS OF NAPLES, INC.

Current Principal Place of Business:

1285 GULF SHORE BLVD NO.
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1285 GULF SHORE BLVD NO.
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-1606462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTRYK, RG
1285 GULF SHORE BLVD N
NAPLES, FL 34102 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: D () Delete
Name: COOK, WILLIAM T
Address: 1285 GULF SHORE BLVD N, # 8-C
City-St-Zip: NAPLES, FL 34102

Title: VP () Delete
Name: DOHL, PAUL
Address: 1285 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL 34102

Title: P () Delete
Name: GRUMHAUS, DAVID D
Address: 1285 GULF SHORE BLVD. N #4B
City-St-Zip: NAPLES, FL 34102

Title: T () Delete
Name: SPEARS, JOHN
Address: 1285 GULF SHORE BLVD. N
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: GRWNEY, LOIS
Address: 1285 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: KUSHNER, GEORGE
Address: 1285 GULF SHORE BLVD. N. #3C
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: SORENSON, EDMUND
Address: 1285 GULF SHORE BLVD N. #7D
City-St-Zip: NAPLES, FL 34102

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: JOHN SPEARS

T

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date