2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# N00000000705

Entity Name: NAPLES CHILDREN AND EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

6200 SHIRLEY STREET
UNIT #206
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

6200 SHIRLEY STREET
UNIT #206
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-1001650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUTGERT, SCOTT F
6200 SHIRLEY STREET
UNIT #206
NAPLES, FL 34109 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: C ( ) Delete
Name: LUTGERT, SCOTT F
Address: 1395 GREAT EGRET TRAIL
City-St-Zip: NAPLES, FL 34105 US

Title: T ( ) Delete
Name: ANDREWS, LARRY
Address: 413 RIDGE DRIVE
City-St-Zip: NAPLES, FL 34109 US

Title: VC ( ) Delete
Name: MALONE, LINDA
Address: 5150 N. TAMIAMI TRAIL, #600
City-St-Zip: NAPLES, FL 34103 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition
Name: GUNTHER, DON
Address: 9776 BENTGRASS BEND
City-St-Zip: NAPLES, FL 34108 US

Title: DT (X) Change ( ) Addition
Name: MALONE, LINDA
Address: 1258 WAGGLE WAY
City-St-Zip: NAPLES, FL 34108 US

Title: DT ( ) Change (X) Addition
Name: MALONE, JIM
Address: 1258 WAGGLE WAY
City-St-Zip: NAPLES, FL 34108

Title: MGR ( ) Change (X) Addition
Name: MONTECALVO, DAWN
Address: 6200 SHIRLEY STREET, UNIT 206
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT F LUTGERT C 01/05/2007

Electronic Signature of Signing Officer or Director — Date