2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000705

FILED Mar 25, 2008 Secretary of State

Entity Name: NAPLES CHILDREN AND EDUCATION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6200 SHIRLEY STREET UNIT #206 NAPLES, FL 34109

New Mailing Address: Current Mailing Address:

6200 SHIRLEY STREET **UNIT #206** NAPLES, FL 34109 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUTGERT, SCOTT F 6200 SHIRLEY STREET UNIT #206 NAPLES, FL 34109 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LUTGERT, SCOTT F LUTGERT, SCOTT F Name: Name: 1395 GREAT EGRET TRAIL Address: 1395 GREAT EGRET TRAIL Address: NAPLES, FL 34105 US City-St-Zip: NAPLES, FL 34105 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition GUNTHER, DON Name: GUNTHER, DON Name: Address:

9776 BENTGRASS BEND Address: 9776 BENTGRASS BEND City-St-Zip: NAPLES, FL 34108 US City-St-Zip: NAPLES, FL 34108 US

Title: DT () Delete Title: (X) Change () Addition

MALONE, LINDA SCOTT, ROBERT Name: Name: 3775 RUM ROW Address: 1258 WAGGLE WAY Address: City-St-Zip: NAPLES, FL 34108 US City-St-Zip: NAPLES, FL 34102 US

Title: DT () Delete Title: (X) Change () Addition

Name: MALONE, JIM Name: SHERMAN, BRUCE 8889 PELICAN BAY BLVD., SUITE 500 Address: 1258 WAGGLE WAY Address:

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: MGR () Delete Title: (X) Change () Addition

MONTECALVO, DAWN MONTECALVO, DAWN Name: Name:

6200 SHIRLEY STREET, UNIT 206 6200 SHIRLEY STREET, UNIT 206 Address: Address:

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

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: SCOTT F LUTGERT D 03/25/2008