NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-17-2003 90679 042 ****61.25

DOCUMENT # N00000000705

1. Entity Name

Naples Children and Education Foundation, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5811 Pelican Bay Blvd.	5811 Pelican Bay Blvd.
Suite, Apt. #, etc. Suite 210	Suite, Apt. #, etc. Suite 210
City & State Naples, FL	City & State Naples, FL
Zip 34108 Country Collier	Zip 34108 Country Collier

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0010650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Shirlene Elkins

Street Address (P.O. Box Number is Not Acceptable) 7583 Bay Colony Drive

City Naples FL Zip Code 34108

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 Shirlene Elkins 3/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	C
NAME	Shirlene Elkins
STREET ADDRESS	7583 Bay Colony Drive
CITY-ST-ZIP	Naples, FL 34108
TITLE	VC
NAME	Don Guntner
STREET ADDRESS	8605 Bay Colony Dr #2504
CITY-ST-ZIP	Naples FL 34108
TITLE	T
NAME	Brian E. Cobb
STREET ADDRESS	5811 Pelican Bay Blvd Ste 210
CITY-ST-ZIP	Naples, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shirlene Elkins 3/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #