

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90041 005 ****61.25



DOCUMENT # N0100002210
 1. Entity Name
SINGLES NETWORK OF NAPLES, INC.

Principal Place of Business Mailing Address
826 WIGGINS PASS ROAD #312 P OBOX 770263
NAPLES FL 34110 NAPLES FL 34107



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 4. FEI Number **59-3721447** Applied For
 Not Applicable

Zip Country Zip Country
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
ROGERS, WILLIAM L
5150 TAMiami TRAIL N STE 501
NAPLES FL 34103

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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
Due By May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, WILLIAM	
STREET ADDRESS	10360 VANDERBILT DR	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCH, DARRELL	
STREET ADDRESS	4615 BAYSHORE DR E 6	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	V	<input type="checkbox"/> Delete
NAME	FARMILLO, NORMA	
STREET ADDRESS	4036 KENT CT	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	TRES	<input checked="" type="checkbox"/> Delete
NAME	MILLER, BEVERLY	
STREET ADDRESS	3491 POINT CREEK COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, KENNETH	
STREET ADDRESS	117A BOBOLINK WAY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEVRIES, SANDY	
STREET ADDRESS	13020 HAMILTON HARBOUR DR	
CITY-ST-ZIP	NAPLES FL 34110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN ARMISTEAD	
STREET ADDRESS	6843 LANTANA BRIDGE RD 103	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCH, DARRELL	
STREET ADDRESS	4615 BAYSHORE DR E 6	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMILLO, NORMA	
STREET ADDRESS	4036 KENT CT	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY WOODS	
STREET ADDRESS	1131 CRYTON RD	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: William F. McLaughlin William F. McLaughlin 3/18/08 239-287-3458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mt/Phone #