

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008542

Entity Name: NAPLES GATORS, INC.

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

1600 FLEISCHMANN BLVD
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

PO BOX 9602
NAPLES, FL 34101

New Mailing Address:

FEI Number: 65-0477833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

QUINN, STEVE
394 BURNT PINE DR
NAPLES, FL 34119 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: PRES () Delete
Name: QUINN, STEVE
Address: 4500 BOTANICAL PLACE CIRCLE
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: GOULD, PATRICK
Address: 1380 CHESAPEAKE
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: LYNCH, STACEY
Address: 6066 HOLLOW DRIVE
City-St-Zip: NAPLES, FL 34112

Title: T () Delete
Name: FALLS, KELLY
Address: 15309 CORTONA WAY
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: QUINN, STEVE
Address: 394 BURNT PINE DRIVE
City-St-Zip: NAPLES, FL 34119

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

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

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

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: KELLY C FALLS

KCF

06/16/2009

Electronic Signature of Signing Officer or Director

Date