


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001291 1. Entity Name VOICES OF NAPLES, INC.	
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Principal Place of Business C/O MARY E LEMASTERS 2249 CLIPPER WAY NAPLES, FL 34104	Mailing Address C/O MARY E LEMASTERS 2249 CLIPPER WAY NAPLES, FL 34104
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01062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 35-2158614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEMASTERS, MARY E 2249 CLIPPER WAY NAPLES, FL 34104

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LEMASTERS, MARY E 2249 CLIPPER WAY NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEATY, KENNETH C 6631 VANCOUVER LN NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOLANDER, MARIAN J 395 EDMERE WAY N NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGHLAND, MARILYN H 616 LAMBTON LANE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCH, SHARON E 2510 TALON CT. #104 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMASTERS, WILBERT C 2249 CLIPPER WAY NAPLES, FL 34104

<p>1100000232918 02/17/05-80023-002 \$1.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mary Ellen Lemasters 2-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #