

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003350

FILED
Apr 22, 2009
Secretary of State

Entity Name: NAPLES TOUCHDOWN CLUB, INC.

Current Principal Place of Business:

6506 AUTUMN WOODS BOULEVARD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2400 TAMIAMI TRAIL NORTH
SUITE 201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 01-0732772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON & NICK CPAS
2400 TAMIAMI TRAIL NORTH
SUITE 201
NAPLES, FL 34103 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: PD () Delete
Name: DEVOE, MARK
Address: 2601 AIRPORT RD
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: SALLEY, LYNN
Address: 1100 GOLDEN EAGLE CIR
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: HANCOCK, TIM
Address: 6506 AUTUMN WOODS BLVD
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARK DEVOE

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date