


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 21, 2008 08:00 A**

**Secretary of State**

**DOCUMENT # N02000003841**  
 1. Entity Name  
**CHILDREN'S MUSEUM OF NAPLES, INC.**



Principal Place of Business 821 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102 US	Mailing Address P.O. BOX 2423 NAPLES, FL 34106 US
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**DO NOT WRITE IN THIS SPACE**



02142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0687133	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BARNETT, LISA H**  
 821 FIFTH AVENUE SOUTH  
 SUITE 201  
 NAPLES, FL 34102

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOESTER, JULIE P.O. BOX 2423 NAPLES, FL 34106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSS, NANCY P.O. BOX 2423 NAPLES, FL 34106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNETT-BUCKHEIT, KIM P.O. BOX 2423 NAPLES, FL 34106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNETT, LISA H P.O. BOX 2423 NAPLES, FL 34106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOS, ALLYSON P.O. BOX 2423 NAPLES, FL 34106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTGERT, SIMONE P.O. BOX 2423 NAPLES, FL 34106

**DO NOT WRITE IN THIS SPACE**

U000000333972  
02/28/08-80034-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_ **2-15-8** **239** **514-0084**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #