

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003841

FILED
Apr 29, 2009
Secretary of State

Entity Name: CHILDREN'S MUSEUM OF NAPLES, INC.

Current Principal Place of Business:

821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2423
NAPLES, FL 34106 US

New Mailing Address:

FEI Number: 01-0687133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, LISA H
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 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: KOESTER, JULIE
Address: P.O. BOX 2423
City-St-Zip: NAPLES, FL 34106

Title: VD () Delete
Name: ROSS, NANCY
Address: P.O. BOX 2423
City-St-Zip: NAPLES, FL 34106

Title: SD () Delete
Name: BARNETT-BUCKHEIT, KIM
Address: P.O. BOX 2423
City-St-Zip: NAPLES, FL 34106

Title: TD () Delete
Name: BARNETT, LISA H
Address: P.O. BOX 2423
City-St-Zip: NAPLES, FL 34106

Title: D () Delete
Name: LOOS, ALLYSON
Address: P.O. BOX 2423
City-St-Zip: NAPLES, FL 34106

Title: D () Delete
Name: LUTGERT, SIMONE
Address: P.O. BOX 2423
City-St-Zip: NAPLES, FL 34106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: BECKER, PAM
Address: P.O. BOX 2423
City-St-Zip: NAPLES, FL 34106

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

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: JULIE KOESTER

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date