

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003841

FILED
Apr 01, 2010
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:

VAN DIEN, LISA B
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

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: LISA B. VAN DIEN

04/01/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: KOESTER, JULIE
Address: P.O. BOX 2423
City-St-Zip: NAPLES, FL 34106

Title: PD
Name: JONES, EDWARD J
Address: P.O. BOX 2423
City-St-Zip: NAPLES, FL 34106

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

Title: D
Name: VAN DIEN, LISA B
Address: P.O. BOX 2423
City-St-Zip: NAPLES, FL 34106

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

Title: VD
Name: MALONE, LINDA R
Address: P.O. BOX 2423
City-St-Zip: NAPLES, FL 34106

I hereby 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 all other like empowered.

SIGNATURE: JULIE KOESTER

D

04/01/2010

Electronic Signature of Signing Officer or Director

Date