

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007803

FILED
Jan 22, 2009
Secretary of State

Entity Name: BABY BASICS OF COLLIER COUNTY, INC.

Current Principal Place of Business:

8570 DANBURY BLVD
#103
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

8570 DANBURY BLVD
#103
NAPLES, FL 34120

New Mailing Address:

FEI Number: 20-1498596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASP INC
3001 TAMIAMI TRAIL NORTH 4TH FLOOR
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: DP () Delete
Name: LYNCH, JEAN A
Address: 8570 DANBURY BLVD #202
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: REYNEN, SUSAN
Address: 400 SPRING LINE DR
City-St-Zip: NAPLES, FL 34102 US

Title: DT () Delete
Name: FLIEDER, SELMA
Address: 8570 DANBURY BLVD #103
City-St-Zip: NAPLES, FL 34120

Title: DS () Delete
Name: ROWOLD, SHIRLEY
Address: 8457 RADCLIFFE TERRACE, #201
City-St-Zip: NAPLES, FL 34120 US

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:

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: JEAN A LYNCH

DP

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date