

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010324

FILED  
Aug 23, 2007  
Secretary of State

**Entity Name:** CAPRI FIRE AND MARINE RESCUE BENEFACTORS, INC

**Current Principal Place of Business:**

138 TAHITI CIRCLE  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

138 TAHITI CIRCLE  
NAPLES, FL 34113

**New Mailing Address:**

FEI Number: 84-1660307      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALEXANDER, SUSAN H  
138 TAHITI CIRCLE  
NAPLES, FL 34113      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,T      ( ) Delete  
Name: ALEXANDER, SUSAN H  
Address: 138 TAHITI CIRCLE  
City-St-Zip: NAPLES, FL 34113

Title: SD      ( ) Delete  
Name: MIDDLEBROOK, BEAU  
Address: 365 CPRE BLVD  
City-St-Zip: NAPLES, FL 34113

Title: D      ( ) Delete  
Name: COLLINS, BEVERLY  
Address: 194 TAHITI CIRCLE  
City-St-Zip: NAPLES, FL 34113

**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: SUSAN H. ALEXANDER

PRES

08/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date