## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003962

FILED Feb 19, 2009 Secretary of State

**New Principal Place of Business:** 

Entity Name: NAPLES FOUNDATION FOR THE ARTS INC.

Current Principal Place of Business:

1068 BUSINESS LANE SUITE 1 393 BROAD AVENUE SOUTH

NAPLES, FL 34110 NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

 1068 BUSINESS LANE SUITE 1
 P.O. BOX 1829

 NAPLES, FL 34110
 NAPLES, FL 34106

FEI Number: 20-0287536 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WINDFELDT, MICHAEL G
1068 BUSINESS LANE SUITE 1
NAPLES, FL 34110 US
WINDFELDT, MICHAEL G
393 BROAD AVENUE SOUTH
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: MICHAEL GENE WINDFELDT 02/19/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES
 ( ) Delete
 Title:
 PRES
 (X) Change ( ) Addition

 Name:
 WINDFELDT, MICHAEL G
 Name:
 WINDFELDT, MICHAEL G

 Address:
 1068 BUSINESS LANE SUITE 1
 Address:
 393 BROAD AVENUE SOUTH

City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

 Title:
 VP
 ( ) Delete
 Title:
 VP
 (X) Change ( ) Addition

 Name:
 WINDFELDT, GENE L
 Name:
 WINDFELDT, GENE L MICHAEL

 Address:
 109 FELIPE LN
 Address:
 109 FELIPE LN

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: TR () Delete Title: TR (X) Change () Addition Name: WINDFELDT, GREGORY V MICHAEL

Address: 109 FELIPE LANE Address: 109 FELIPE LANE

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

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: MICHAEL GENE WINDFELDT PRES 02/19/2009