2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N06000008061

Entity Name: NAPLES AREA CIPS COUNCIL, INC.

Current Principal Place of Business:

PMB 3005, 1460 GOLDEN GATE PKWY
#103
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

PMB 3005, 1460 GOLDEN GATE PKWY
#103
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 20-5295814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENSON, MARK A
6831 OLD BANYAN WAY
NAPLES, FL 34109 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: P ( ) Delete
Name: BENSON, MARK A
Address: 6831 OLD BANYAN WAY
City-St-Zip: NAPLES, FL 34109 US

Title: VP ( ) Delete
Name: BARKER, STEPHEN E
Address: 6521 WAVERLY GREEN WAY
City-St-Zip: NAPLES, FL 34110 US

Title: S ( ) Delete
Name: DIKE, CHRISTINE A
Address: 241 5TH ST NW
City-St-Zip: NAPLES, FL 34120 US

Title: T ( ) Delete
Name: TATE, DAVID
Address: 181 MUIRFIELD 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:

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: DAVID TATE TREA 04/26/2009

Electronic Signature of Signing Officer or Director — Date