

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 20, 2007 8:00 am
Secretary of State**

03-07-2007 90014 012 ****70.00

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| DOCUMENT # N06000011928 | |  |
| 1. Entity Name MARKS PATH OF NAPLES INC. | | |
| Principal Place of Business 3386 POINSETTIA AVE NAPLES, FL 34104 | | Mailing Address 3386 POINSETTIA AVE NAPLES, FL 34104 |
| 2. Principal Place of Business - No P.O. Box # 3386 Poinsettia Ave Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. |
| City & State NAPLES, FLORIDA Zip 34104 | | City & State Zip Collier |
| 4. FEI Number 30-0391299 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent GRiffin, KATHERINE D 3386 POINSETTIA AVE NAPLES, FL 34104 | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 3/03/07 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Katherine D. Griffin</i> <small>(Signature, typed or printed name of registered agent and state if applicable.)</small> | | |
| (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$81.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees Make check payable to Florida Department of State |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE OWNER/DIRECTOR <input type="checkbox"/> Delete NAME GRiffin, KATHERINE D STREET ADDRESS 3386 POINSETTIA AVE CITY-ST-ZIP NAPLES, FL 34104 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SECRETARY <input type="checkbox"/> Delete NAME MARGARET KELLY STREET ADDRESS 408 FOXTAIL CT. CITY-ST-ZIP NAPLES, FL 34104 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE CAROL BARTHO (MEW) <input type="checkbox"/> Delete NAME TREASURER STREET ADDRESS 1175 CENTRAL DR. CITY-ST-ZIP NAPLES, FL 34104 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE PRESIDENT <input type="checkbox"/> Delete NAME ALLAN BRATTON STREET ADDRESS 953 COCONUT CIRCLE W. CITY-ST-ZIP NAPLES, FL 34104 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VICE PRESIDENT <input type="checkbox"/> Delete NAME JOHN ROGERS STREET ADDRESS 4210 LOOKING GLASS #6 CITY-ST-ZIP NAPLES, FL 34112 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE: <i>Katherine D. Griffin</i> <i>Katherine D. Griffin</i> 3/03/07 001-0018 <small>(239)</small> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |