

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001117

FILED
Apr 01, 2009
Secretary of State

Entity Name: NAPLES PRESS CLUB, INCORPORATED

Current Principal Place of Business:

2390 TAMIAMI TR. N SUITE 210
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

2390 TAMIAMI TR. N SUITE 210
NAPLES, FL 34103

New Mailing Address:

FEI Number: 32-0188687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SUSAN G
15453 CURTONA WAY
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

SMITH, SUSAN G
15453 CORTONA WAY
NAPLES, FL 34120 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: SUSAN G. SMITH

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VEYATI, SANDRA
Address: 1030 PORTMAGE CIRCLE #202
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: PHILIP, JASON
Address: 12823 VALEWOOD DR
City-St-Zip: NAPLES, FL 34119

Title: T () Delete
Name: SMITH, SUSAN G
Address: 15453 CORONA WAY
City-St-Zip: NAPLES, FL 34120

Title: T (X) Delete
Name: CURLEY, JOAN
Address: 2287 QUEENS WAY
City-St-Zip: NAPLES, FL 34112

Title: D (X) Delete
Name: YEGGE, WIL
Address: 7991 TIGERLILY DRIVE
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: SAUNDERS, RHONA
Address: 3770 PARKVIEW WAY
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: YEYATI, SANDRA
Address: 1030 PORTMAGE CIRCLE #202
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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 G. SMITH

T

04/01/2009

Electronic Signature of Signing Officer or Director

Date