## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000000878

Apr 17, 2009 Secretary of State

Entity Name: GREATER NAPLES AREA PLANNED GIVING COUNCIL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4001 TAMIAMI TRAIL NORTH, SUITE 330

NAPLES, FL 34103

**Current Mailing Address:** 

SALVATORI & WOOD, P.L

NAPLES, FL 34103

**New Mailing Address:** 

NAPLES, FL 34103

4001 TAMIAMI TRAIL NORTH, SUITE 330

4001 TAMIAMI TRAIL NORTH, SUITE 330

NAPLES, FL 34103

4001 TAMIAMI TRAIL NORTH, SUITE 330

4001 TAMIAMI TRAIL NORTH, SUITE 330

Name and Address of New Registered Agent:

NAPLES, FL 34103 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

CLASP, INC 3001 TÁMIAMI TRAIL NORTH

SUITE 400

NAPLES, FL 34103 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: HOWARD M HUJSA VICE PRESIDENT

04/17/2009

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

() Delete

AYRES, MASON Name: 11190 HEALTHPARK BLVD. Address:

City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete

BENSON, STEVE Name:

Address: 1415 PANTHER LANE, SUITE 237

City-St-Zip: NAPLES, FL 34109

Title: () Delete HUJSA, HOWARD Name:

8000 HEALTH CENTER BLVD., SUITE 300 Address:

City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Delete

Name: MAUS, CAROL 1450 MERRIHUE DR. Address:

City-St-Zip: NAPLES, FL 34102

Title: () Delete THORSEN, NANCY Name:

765 SEAGATE DR. Address:

City-St-Zip: NAPLES, FL 34103

Title: () Delete CHARLES, JOSEPH Name:

Address: 8889 PELICAN BAY BLVD., SUITE 400

NAPLES, FL 34108 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

AYRES, MASON Name:

Address: 11190 HEALTHPARK BLVD. City-St-Zip: NAPLES, FL 34110 US

Title: (X) Change ( ) Addition

Name: MILLER, KEVIN

Address: 4001 TAMIAMI TRAIL NORTH, SUITE 330

City-St-Zip: NAPLES, FL 34103 US

Title: DMP (X) Change ( ) Addition

Name: HUJSA, HOWARD

8000 HEALTH CENTER BLVD., SUITE 300 Address:

City-St-Zip: BONITA SPRINGS, FL 34135 US

(X) Change ( ) Addition Title: DVP

Name: CHARLES, JOSEPH

4001 TAMIAMI TRAIL NORTH, SUITE 330 Address:

City-St-Zip: NAPLES, FL 34103 US

Title: (X) Change ( ) Addition

THORSEN, NANCY Name: 765 SEAGATE DR. Address: City-St-Zip: NAPLES, FL 34103 US

Title: (X) Change ( ) Addition

DIBENEDETTO, ROBERT Name:

Address: 4001 TAMIAMI TRAIL NORTH, SUITE 330

City-St-Zip: NAPLES, FL 34103 US

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: HOWARD M HUJSA **VP** 04/17/2009

Electronic Signature of Signing Officer or Director

Date