

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000878

FILED
May 01, 2011
Secretary of State

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

Current Principal Place of Business:

4001 TAMIAMI TRAIL NORTH, SUITE 330
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

4001 TAMIAMI TRAIL NORTH, SUITE 330
NAPLES, FL 34103 US

New Mailing Address:

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 TAMIAMI TRAIL NORTH
SUITE 400
NAPLES, FL 34103 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: D
Name: AYRES, MASON
Address: 11190 HEALTHPARK BLVD.
City-St-Zip: NAPLES, FL 34110 US

Title: DP
Name: MILLER, KEVIN
Address: 4001 TAMIAMI TRAIL NORTH, SUITE 330
City-St-Zip: NAPLES, FL 34103 US

Title: DVP
Name: HUJSA, HOWARD
Address: 8000 HEALTH CENTER BLVD., SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DVP
Name: CHARLES, JOSEPH
Address: 4001 TAMIAMI TRAIL NORTH, SUITE 330
City-St-Zip: NAPLES, FL 34103 US

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

Title: DS
Name: DIBENEDETTO, ROBERT
Address: 4001 TAMIAMI TRAIL NORTH, SUITE 330
City-St-Zip: NAPLES, FL 34103 US

I hereby 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 all other like empowered.

SIGNATURE: HOWARD HUJSA

VP

05/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date