

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007778

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** NAPLES AUTO DONATION CENTER, INC.

**Current Principal Place of Business:**

2401-B LINWOOD WAY  
NAPLES, FL 341124814

**New Principal Place of Business:**

1742 COMMERCIAL DRIVE  
NAPLES, FL 341124814

**Current Mailing Address:**

2401-B LINWOOD WAY  
NAPLES, FL 341124814

**New Mailing Address:**

1742 COMMERCIAL DRIVE  
NAPLES, FL 341124814

**FEI Number:** 45-3047818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALSH, WILLIAM  
2401-B LINWOOD WAY  
NAPLES, FL 341124814 US

**Name and Address of New Registered Agent:**

WALSH, WILLIAM  
1742 COMMERCIAL DRIVE  
NAPLES, FL 341124814 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: WILLIAM WALSH

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CAMPBELL, JAMES DOUGLAS JR.  
Address: P. O. BOX 413005  
City-St-Zip: NAPLES, FL 34101

Title: VPOM  
Name: WALSH, WILLIAM E  
Address: 3428 TIMBERWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34105

Title: ST  
Name: WESTFALL, JOHN RICHARD  
Address: 12083 WICKLOW LANE  
City-St-Zip: NAPLES, FL 34120

Title: D  
Name: WEIDENBRUCH, JENNIFER LEE  
Address: 747 MYRTLE TERRACE  
City-St-Zip: NAPLES, FL 34103

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: WILLIAM WALSH

VPOM

01/05/2012

Electronic Signature of Signing Officer or Director

Date