## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N14213

Apr 26, 2004 Secretary of State

Entity Name: FRIENDS OF COLLIER COUNTY MUSEUM, INC.

**Current Principal Place of Business: New Principal Place of Business:** COLLIER COUNTY MUSEUM 3301 TAMIAMI TRAIL EAST NAPLES, FL 339624961 **New Mailing Address: Current Mailing Address:** P.O. BOX 2181 NAPLES, FL 34102 US FEI Number: 59-2653840 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIBBS, NANCY J 5551 RIDGEWOOD DR., #405 NAPLES, FL 34108 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition ABBOT, CHARLIE CRAIG, DONALD F Name: Name: 1306 28TH AVE. NORTH Address: 290 RIDGE DRIVE NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34108 (X) Change ( ) Addition

Address: City-St-Zip:

Title: ( ) Delete Name: RYAN, MICHAEL A

Address: 180 CYPRESS WAY E. #F-137

City-St-Zip: NAPLES, FL 34110

Title: () Delete MESNICK, DENYSE S Name: Address: 3560 29TH AVE SW City-St-Zip: NAPLES, FL 34117

Title: () Delete

Name: Address:

City-St-Zip:

Title:

UNSWORTH, THOMAS G Name: Address: 3504 RADIO ROAD City-St-Zip: NAPLES, FL 34104

Title: VPD (X) Change ( ) Addition

Name: LITT, LARRY 248 PALM DRIVE Address: City-St-Zip: NAPLES, FL 34112

Title: SD ( ) Change (X) Addition

Name: JONES, TRACY

9051 TAMIAMI TRAIL NORTH, SUITE 202 Address:

City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS G UNSWORTH TD 04/26/2004