2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N14213

Entity Name: FRIENDS OF COLLIER COUNTY MUSEUM, INC.

Current Principal Place of Business:

COLLIER COUNTY MUSEUM
3301 TAMIAMI TRAIL EAST
NAPLES, FL 339624961

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2181
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-2653840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBBS, NANCY J
5551 RIDGEWOOD DR., #405
NAPLES, FL 34108 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:	PD	( ) Delete
Name:	CRAIG, DONALD F	
Address:	290 RIDGE DRIVE	
City-St-Zip:	NAPLES, FL 34108	
Title:	TD	( ) Delete
Name:	UNSWORTH, THOMAS G	
Address:	3504 RADIO ROAD	
City-St-Zip:	NAPLES, FL 34104	
Title:	VPD	( ) Delete
Name:	LITT, LARRY	
Address:	248 PALM DRIVE	
City-St-Zip:	NAPLES, FL 34112	
Title:	SD	( ) Delete
Name:	JONES, TRACY	
Address:	9051 TAMIAMI TRAIL NORTH, SUITE 202	
City-St-Zip:	NAPLES, FL 34108	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 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: DONALD CRAIG PRES 04/25/2005
Electronic Signature of Signing Officer or Director — Date