

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90232 005 ****61.25

DOCUMENT # N14213

1. Entity Name
FRIENDS OF COLLIER COUNTY MUSEUM, INC.



Principal Place of Business
**COLLIER COUNTY MUSEUM
3301 TAMiami TRAIL EAST
NAPLES, FL 33962-4961**

Mailing Address
**P.O. BOX 2181
NAPLES, FL 34102 US**

00033074



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2653840

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GIBBS, NANCY J
5551 RIDGEWOOD DR., #405
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name **LISA G. BLANKENSHIP**

Street Address (P.O. Box Number is Not Acceptable)
313 FILLMORE ST.

City **NAPLES**

FL

Zip Code
34104

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lisa G. Blankenship

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

4/28/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CRAIG, DONALD F ☐ Delete
STREET ADDRESS 290 RIDGE DRIVE
CITY-ST-ZIP NAPLES, FL 34108

TITLE TD
NAME UNSWORTH, THOMAS G ☒ Delete
STREET ADDRESS 3504 RADIO ROAD
CITY-ST-ZIP NAPLES, FL 34104

TITLE VPD
NAME LITT, LARRY ☐ Delete
STREET ADDRESS 248 PALM DRIVE
CITY-ST-ZIP NAPLES, FL 34112

TITLE SD
NAME JONES, TRACY ☒ Delete
STREET ADDRESS 9051 TAMiami TRAIL NORTH, SUITE 202
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME LARRY B. LITT
STREET ADDRESS 4864 LASQUETI WAY
CITY-ST-ZIP NAPLES, FL 34119

TITLE TD ☒ Change ☐ Addition
NAME DONALD F. CRAIG
STREET ADDRESS 6423 BIRCHWOOD CT
CITY-ST-ZIP NAPLES, FL 34109

TITLE VPD ☒ Change ☐ Addition
NAME JIM WEIGEL
STREET ADDRESS 520 ANCHOR ROSE DR.
CITY-ST-ZIP NAPLES, FL 34103

TITLE D ☐ Change ☒ Addition
NAME MOLLY REED
STREET ADDRESS 3845 ESTERO BAY LANE
CITY-ST-ZIP NAPLES, FL 34112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald F. Craig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

DATE

239-597-7756

DAYTIME PHONE #