

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14213

FILED  
Apr 27, 2009  
Secretary of State

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:**

MCMACIN, JOSEPH F  
BOND SHOENECK AND KINA  
4001 TAMIAMS TRAC N.  
NAPLES, FL 34103 US

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

HALE, WILLIAM N  
147 CARIBBEAN COURT  
NAPLES, FL 34108 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 N. HALE

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCMACKIN, JOSEPH F III  
Address: 4001 TAMiami TRAIL N  
City-St-Zip: NAPLES, FL 34105

Title: VPD ( ) Delete  
Name: LITT, LARRY  
Address: 248 PALM DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: T ( ) Delete  
Name: PFAFF, DAVID  
Address: 696 16TH AVE S  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: GRAIG, DONALD F  
Address: 6423 BIRCHWOOD CT  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HALE, WILLIAM N  
Address: 147 CARIBBEAN COURT  
City-St-Zip: NAPLES, FL 34108

Title: VPD (X) Change ( ) Addition  
Name: HELTER, HOMER  
Address: 1100 9TH STREET, SOUTH #C102  
City-St-Zip: NAPLES, FL 34102

Title: T (X) Change ( ) Addition  
Name: MASTANDREA, TERRY  
Address: 291 LEAWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change ( ) Addition  
Name: LITT, LARRY  
Address: 4864 LASQUETI WAY  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TERRY L. MASTANDREA

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04/27/2009

Electronic Signature of Signing Officer or Director

Date