

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18398

FILED
Jan 10, 2005
Secretary of State

Entity Name: NAPLES ALLIANCE FOR CHILDREN, INC.

Current Principal Place of Business:

NAPLES ALLIANCE FOR CHILDREN
660 NINTH ST N., #35D
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

NAPLES ALLIANCE FOR CHILDREN
660 NINTH ST, N., #35D
NAPLES, FL 33940 US

New Mailing Address:

FEI Number: 59-2770492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO MYRA
4301 GULF SHORE BLVD N, APT #401
NAPLES, FL 34103 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: PF () Delete
Name: SHARIRO, MYRA
Address: 4301 GULF SHORE BLVD NO#401
City-St-Zip: NAPLES, FL 34103

Title: TD () Delete
Name: KUBALA, STEVE
Address: 409 GABRIEL CIRCLE # 1
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: ORR, AMY
Address: 7112 SUGAR MAGNOLIA CIR
City-St-Zip: NAPLES, FL 34109

Title: VD () Delete
Name: DAVIS, LYNN
Address: 673 93RD AVE. NORTH
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: HUNTER, KATHRYN
Address: 5020 TAMiami TRL NO # 106
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: CAMPBELL, ANN
Address: 103 CLUBHOUSE LN # 285
City-St-Zip: NAPLES, FL 34105

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:

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: MYRA SHAPIRO

PD

01/10/2005

Electronic Signature of Signing Officer or Director

Date