

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 17, 2009
Secretary of State

DOCUMENT# N18398

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 34102 US

New Mailing Address:

FEI Number: 59-2770492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: MYRA SHAPIRO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: KUBALA, STEVE
Address: 15038 SPINAKER CT.
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: HANSEN, HARLAN
Address: 880 TANBARK DR. #204
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: GRADOLPH, HELENE
Address: 3310 EXCALIBUR #Q6
City-St-Zip: NAPLES, FL 34108

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

Title: TD () Delete
Name: O'CONNER, WILLIAM
Address: 8955 FONTANA DEL SOL WAY
City-St-Zip: NAPLES, FL 34109 US

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: VP (X) Change () Addition
Name: JONES, BETH
Address: 660 NINTH ST, N., #35D
City-St-Zip: NAPLES, FL 34102

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 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: MYRA SHAPIRO

Electronic Signature of Signing Officer or Director

PF

11/17/2009

Date