



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N38823</b> 1. Entity Name <b>PROFESSIONAL GIVERS ANONYMOUS OF COLLIER COUNTY, INC.</b>						<b>FILED</b> <b>05 AUG 19 PM 1:10</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>4001 TAMiami TRAIL NORTH STE 404 NAPLES, FL 34103</b>				Mailing Address <b>4001 TAMiami TRAIL NORTH STE 404 NAPLES, FL 34103</b>			
2. Principal Place of Business		3. Mailing Address <b>POST OFFICE BOX 3001</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>					
Zip <b>34106-3001</b>		Country <b>USA</b>		4. FEI Number <b>65-0213073</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				08122005 REIN-NP CR2E099 (6/04)			
6. Name and Address of Current Registered Agent  <b>BOND, SCHOENECK &amp; KING 4001 TAMiami TRAIL NORTH SUITE 404 NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<div style="text-align: right;"> <b>200058850492</b>  <b>08/22/05--01067--005 **297.50</b> </div> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$297.50</b>				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WASMER, JOHN C. <del>3101 GREEN DOLPHIN LN-</del> NAPLES, FL 34102</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1801 Gulfshore Blvd #503 Naples, FL 34102</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>BROWN, HAROLD, REV. 450 NOTTINGHAM DR NAPLES, FL 34109</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete <b>MAGIN, LESLIE M <del>3100 GORDON DRIVE-</del> NAPLES, FL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1801 Gulfshore Blvd #802 Naples, FL 34102</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>COLE, MARTHA 393 SPRING LINE DR NAPLES, FL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ST Carol Blanchard 1167 Third Street South #102 Naples, FL 34102</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete <b>MEEHAN, PATRICIA K 406 TWELFTH AVE S NAPLES, FL 34102</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Asst. ST</b> <div style="font-size: 2em; transform: rotate(-15deg); position: absolute; right: 0; bottom: 0;">08/19</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SULLIVAN, JUDY 375 BOW LINE DRIVE NAPLES, FL 34103</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 6 or Block 11 of changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Patricia K. Meehan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Patricia K. Meehan August 15, 2005 <small>Date Daytime Phone #</small>			

(239)261-6472