

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90020 027 \*\*\*\*61.25

**DOCUMENT # N38823**

1. Entity Name  
**PROFESSIONAL GIVERS ANONYMOUS OF COLLIER  
COUNTY, INC.**



Principal Place of Business  
**4001 TAMiami TRAIL NORTH  
STE 404  
NAPLES, FL 34103 US**

Mailing Address  
**975 6TH AVE S  
SUITE 104  
NAPLES, FL 34102 US**

**40109872**



2. Principal Place of Business - No P.O. Box #  
**1801 GULF SHORE BLVD. No.**

3. Mailing Address  
**1801 GULF SHORE BLVD. No.**

Suite/Apt. #, etc.  
**#503**

Suite/Apt. #, etc.  
**#503**

06182008 Chg-NP CR2E037 (12/06)

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

4. FEI Number  
**65-0213073**

Applied For  
☐ Not Applicable

Zip  
**34102**

Country  
**US**

Zip  
**34102**

Country  
**US**

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

**6. Name and Address of Current Registered Agent**

**BOND, SCHOENECK & KING  
4001 TAMiami TRAIL NORTH  
SUITE 404  
NAPLES, FL 34103**

**7. Name and Address of New Registered Agent**

Name  
**MARY M. WASMER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1801 GULF SHORE BLVD. No.**  
**APT. #503**  
City  
**NAPLES** FL Zip Code  
**34102**

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 **Mary M. Wasmer**

**MARY M. WASMER** **6/30/08**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

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  
**D**  
NAME  
**WASMER, JOHN C** ☒ Delete  
STREET ADDRESS  
**1801 GULF SHORE BLVD #503**  
CITY - ST - ZIP  
**NAPLES, FL 34102**

TITLE  
**PD**  
NAME  
**BROWN, HAROLD REV** ☒ Delete  
STREET ADDRESS  
**450 NOTTINGHAM DR**  
CITY - ST - ZIP  
**NAPLES, FL 34109**

TITLE  
**VPD**  
NAME  
**MAGIN, LESLIE M** ☐ Delete  
STREET ADDRESS  
**1801 GULF SHORES BLVD #802**  
CITY - ST - ZIP  
**NAPLES, FL 34102**

TITLE  
**D**  
NAME  
**COLE, MARTHA** ☒ Delete  
STREET ADDRESS  
**393 SPRING LINE DR**  
CITY - ST - ZIP  
**NAPLES, FL**

TITLE  
**ST**  
NAME  
**KROL, KAREN** ☒ Delete  
STREET ADDRESS  
**975 6TH AVE S. SUITE 104**  
CITY - ST - ZIP  
**NAPLES, FL 34102**

TITLE  
**D**  
NAME  
**SULLIVAN, JUDY** ☐ Delete  
STREET ADDRESS  
**375 BOW LINE DRIVE**  
CITY - ST - ZIP  
**NAPLES, FL 34103**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
**PD** ☐ Change ☒ Addition  
NAME  
**WASMER, MARY M.**  
STREET ADDRESS  
**1801 GULF SHORE BLVD. No. #503**  
CITY - ST - ZIP  
**NAPLES, FL 34102**

TITLE  
**TD** ☐ Change ☒ Addition  
NAME  
**HOLMES, ROBERT**  
STREET ADDRESS  
**2545 LANTERN LANE**  
CITY - ST - ZIP  
**NAPLES, FL 34102**

TITLE  
**VPD** ☐ Change ☐ Addition  
NAME  
**MAGIN, LESLIE M**  
STREET ADDRESS  
**1801 GULF SHORES BLVD #802**  
CITY - ST - ZIP  
**NAPLES, FL 34102**

TITLE  
**D** ☐ Change ☒ Addition  
NAME  
**WASMER, MARTIN M**  
STREET ADDRESS  
**3505 GORDON DRIVE**  
CITY - ST - ZIP  
**NAPLES, FL 34102**

TITLE  
**S** ☐ Change ☒ Addition  
NAME  
**FARRELL, JOANNE**  
STREET ADDRESS  
**191 23RD STREET SW**  
CITY - ST - ZIP  
**NAPLES, FL 34117-3215**

TITLE  
**D** ☐ Change ☐ Addition  
NAME  
**SULLIVAN, JUDY**  
STREET ADDRESS  
**375 BOW LINE DRIVE**  
CITY - ST - ZIP  
**NAPLES, FL 34103**

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: **Joanne Farrell**

**JOANNE FARRELL**

**6/30/08 262-0961**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #