

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38823

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

3505 GORDON DRIVE  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

3505 GORDON DRIVE  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 65-0213073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WASMER, MARY M  
3505 GORDON DRIVE  
NAPLES, FL 34102 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: PD  
Name: WASMER, MARY M  
Address: 3505 GORDON DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: TD  
Name: HOLMES, ROBERT  
Address: 425 COVE TOWER DRIVE #1702  
City-St-Zip: NAPLES, FL 34110

Title: VPD  
Name: WASMER, JOHN  
Address: 665 YUCCA ROAD  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: WASMER, MARTIN M  
Address: 3505 GORDON DR  
City-St-Zip: NAPLES, FL 34102

Title: S  
Name: FARRELL, JOANNE  
Address: 191 23RD STREET SW  
City-St-Zip: NAPLES, FL 34117

Title: D  
Name: SULLIVAN, JUDY  
Address: 375 BOWLINE DRIVE  
City-St-Zip: NAPLES, FL 34103

I hereby 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 all other like empowered.

SIGNATURE: JOANNE FARRELL

S

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date