

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41429 (4)
1. Corporation Name

THE TEDDY BEAR MUSEUM OF NAPLES, INC.

Principal Place of Business 2511 PINE RIDGE RD. NAPLES FL 33942	Mailing Address 2511 PINE RIDGE RD. NAPLES FL 33942
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3. Date Incorporated or Qualified

12/26/1990

4. FEI Number

65-0230494

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WESTMAN, CARL
3003 TAMAMI TRAIL NORTH
SUITE 270
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HAYES, FRANCES PEW	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2511 PINE RIDGE ROAD	1.2 NAME	
STREET ADDRESS	NAPLES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WILSON, ROBERT L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4001 TAMAMI TR N	2.2 NAME	
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D WESTMAN, CARL E	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1952 CRAYTON RD	3.2 NAME	
STREET ADDRESS	NAPLES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BLACK, GEORGE B JR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2312 ELIZABETH CT	4.2 NAME	
STREET ADDRESS	NAPLES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BLACK, J. HOWARD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5550 HERON POINT DR., #805	5.2 NAME	
STREET ADDRESS	NAPLES FL 33983	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SOLOMON, GENE R	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1342 COLONIAL BLVD #11	6.2 NAME	
STREET ADDRESS	FT MYERS FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: 

4/28/98 598-2711

CR2E037 (10/97)