


**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90012 050 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
---	---	---

**DOCUMENT # N44086**

1. Corporation Name

**NAPLES VISITORS BUREAU, INC.**

Principal Place of Business

1901 GULF SHORE BLVD NORTH  
NAPLES FL 33940

Mailing Address

1901 GULF SHORE BLVD NORTH  
NAPLES FL 33940

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/26/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0290756
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing
24	29	Trust Fund Contribution <input type="checkbox"/>
Country	Country	\$5.00 May Be Added to Fees
25	30	

9. Name and Address of Current Registered Agent

**GOODLETTE, J. DUDLEY**  
**C/O CUMMINGS & LOCKWOOD**  
**3001 TAMiami TRAIL NORTH**  
**NAPLES FL 33940**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	AYRES, JOHN E.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	1901 GULF SHORE BLVD N	1.3 STREET ADDRESS	
	NAPLES FL 34102	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	WATKINS, MICHAEL	2.1 TITLE	2.2 NAME
	851 GULF SHORE BLVD N	2.3 STREET ADDRESS	
	NAPLES FL 34102	2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	FRENI, JOSEPH Hall, William	3.1 TITLE	3.2 NAME
	280 VANDERBILT BEACH RD	3.3 STREET ADDRESS	
	NAPLES FL 34108	3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	POPPER, CHARLES Thérion, Jerry	4.1 TITLE	4.2 NAME
	475 SEAGATE DR	4.3 STREET ADDRESS	
	NAPLES FL 34108	4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	Lee Weeks	5.1 TITLE	5.2 NAME
	9891 Gulfshore Drive	5.3 STREET ADDRESS	
	NAPLES, FL 34108	5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	
		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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)