

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44086

Entity Name: NAPLES VISITORS BUREAU, INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

1901 GULF SHORE BLVD NORTH
NAPLES, FL 33940

New Principal Place of Business:

Current Mailing Address:

851 GULF SHORE BLVD N
NAPLES, FL 34102

New Mailing Address:

1901 GULF SHORE BLVD NORTH
NAPLES, FL 34102

FEI Number: 65-0290756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODLETTE, J. DUDLEY
GOODLETTE, COKMAN & JOHNSON
4001 TAMiami TRAIL NORTH
NAPLES, FL 34103

Name and Address of New Registered Agent:

GOODLETTE, J. DUDLEY
GOODLETTE, COLEMAN & JOHNSON
4001 TAMiami TRAIL NORTH
NAPLES, FL 34103

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:

01/13/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOYLE, WM
Address: 1901 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: WATKINS, MICHAEL,
Address: 851 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: SAROS, ED
Address: 280 VANDERBILT BEACH RD
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: ALBEIT, RON
Address: 475 SEAGATE DR
City-St-Zip: NAPLES, FL 34108

Title: C () Delete
Name: THIRION, JERRY
Address: 9891 GULF SHORE DR
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM R. DOYLE

D

01/13/2004

Electronic Signature of Signing Officer or Director

Date