# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 12, 2009**
**Secretary of State**

DOCUMENT# N96000003587

**Entity Name:** MOORINGS PARK FOUNDATION, INC.

**Current Principal Place of Business:**

120 MOORINGS PK DR
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 MOORINGS PK DR
NAPLES, FL 34105 US

**New Mailing Address:**

**FEI Number: 65-0687721** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

THOMAS, DORAH W JR
108 MOORINGS PARK DRIVE
#B-305
NAPLES, FL 34105 US

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

THOMAS, DOAR W JR
108 MOORINGS PARK DRIVE
#B-305
NAPLES, FL 34105 US

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: W. THOMAS DOAR, JR. 01/12/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete
Name: COLLAMORE, BACON
Address: 114 MOORINGS PARK DR, AH03
City-St-Zip: NAPLES, FL 34105

Title: TD ( ) Delete
Name: BALDWIN, DONALD
Address: 126 MOORINGS PARK DR
City-St-Zip: NAPLES, FL 34105

Title: VCD ( ) Delete
Name: MACLEA, DANIEL C JR
Address: 126 HARDING PARK DR.
City-St-Zip: NAPLES, FL 34105

Title: SD ( ) Delete
Name: THOMAS, DORAH W JR
Address: 108 MOORINGS PARK DR.
City-St-Zip: NAPLES, FL 34105

Title: ATD (X) Delete
Name: WILLIAM, MAC W
Address: 114 MOORINGS PARK DR.
City-St-Zip: NAPLES, FL 34105

**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: SD (X) Change ( ) Addition
Name: THOMAS, DOAR W JR
Address: 108 MOORINGS PARK DR.
City-St-Zip: NAPLES, FL 34105

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: W. THOMAS DOAR, JR. SD 01/12/2009
Electronic Signature of Signing Officer or Director Date