2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000001722

1. Entity Name
NAPLES ARTCRAFTERS, INC.

Principal Place of Business	Mailing Address
3661 2ND AVENUE SE NAPLES, FL 34117	P.O. BOX 10884 NAPLES, FL 34101

01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0843312
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDRUS, RUTH ANN
3661 2ND AVENUE SE
NAPLES, FL 34117

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BRODER, HARRIET
STREET ADDRESS	1465 FIRWOOD CT.
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	VD
NAME	MEGELA, MARIANNE
STREET ADDRESS	3050 BECK BLVD., K23
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	T
NAME	ANDRUS, RUTH ANN
STREET ADDRESS	3661 2ND AVE SE
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	S
NAME	MCCAFFERY, SHIRLEY
STREET ADDRESS	5706 COPPER LEAF LANE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	S
NAME	FASULO, LINDA
STREET ADDRESS	3630 POINSETTIA AVE.
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	PD
NAME	CUNNINGHAM, ROGER
STREET ADDRESS	3223 BOCA CIEGA DR.
CITY-ST-ZIP	NAPLES, FL 34112

U00000251605
03/04/05-80059-003 61.25

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Ruth Ann Andrus Treasurer 3-1-05 (239) 353-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #