2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001722

1. Entity Name NAPLES ARTCRAFTERS, INC.



FILED

Feb 02, 2006 8:00 am **Secretary of State**

02-02-2006 90068 030 ****61.25

3661 2ND AVENUE SE P. NAPLES, FL 34117 NA				Mailing Address P.O. BOX 10884 NAPLES, FL 34101				60010895					
2. Principal Place of Business 3. Mai				ailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01172006	Chg-NP	CR2E	(037 (11/05)		
City & State			City	City & State				4. FEI Number Applied For 65-0843312 Not Applied be					
Zip	Country				intry	5. Certificate of Status Desired \$8.7			\$8.75 Ac Fee Require	ditional			
	6. Name a	d Agent	Agent			7. Name and Address of New Registered Agent							
ANDRUS, 3661 2ND NAPLES, I	Name Street Addres:			ddress (I	P.O. Box Numbe	er is Not Accepta	able)						
							City FL Zip Code						
	tions of registe	submits this statement for red agent. r printed name of registered agen			-			ed agent, or bot when reinstating)	h, in the State o	f Florida. I ai		, and accept	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTOR				11.			F	ADDITIONS/CHA	ANGES TO OFFI	ICERS AND	DIRECTORS I	V 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRODER, 1465 FIRW MARCO IS			□ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEGELA, MARIANNE 3050 BECK BLVD., K23 NAPLES, FL 34114			☐ Delete	•						Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	T ANDRUS, RUTH ANN 3661 2ND AVE SE NAPLES, FL 34117			Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCAFFERY, SHIRLEY 5706 COPPER LEAF LANE NAPLES, FL 34104										☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FASULO, I 3630 POIN NAPLES, F	SETTIA AVE.		ESCDelete			5 True 496 Nap	elove, R Z Ventu Dles, FL	Cay ra ct. 34109		∑ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HAM, ROGER A CIEGA DR. EL 34112		□ Delete			 	·			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Andrys Treasure 1-31-06 353-341