


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90039 005 \*\*\*\*61.25

<b>DOCUMENT # N98000001722</b> 1. Entity Name <b>NAPLES ARTCRAFTERS, INC.</b>					
Principal Place of Business <b>3661 2ND AVENUE SE NAPLES, FL 34117</b>			Mailing Address <b>P.O. BOX 10884 NAPLES, FL 34101</b>		
2. Principal Place of Business - No P.O. Box # <b>127 PLANTATION CIR</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>NAPLES FL</b>		City & State			
Zip <b>34104</b>		Country <b>USA</b>		Zip	
Country		4. FEI Number <b>65-0843312</b>			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ANDRUS, RUTH ANN 3661 2ND AVENUE SE NAPLES, FL 34117</b>			7. Name and Address of New Registered Agent Name <b>KATHY FRENCH</b> Street Address (P.O. Box Number is Not Acceptable) <b>127 PLANTATION CIR</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34104</b>		
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 <i>Kathy French</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>4-8-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRODER, HARRIET 1465 FIRWOOD CT. MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D TERRY CLEMENTE 630 10th AVE. N.W. NAPLES FL 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEGELA, MARIANNE 3050 BECK BLVD., K23 NAPLES, FL 34114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATHY FRENCH 127 PLANTATION CIR. NAPLES FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAPPO, GABRIELLE 11224 LONGSHORE WAY W NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMIRILLE WILSON 3590 24th S.E. NAPLES FL 34117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORQUAL, JENNIFER 3002 SANDPIPER BAY CIR, # 104 NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MC CAFFERY, SHIRLEY 5706 COPPER LEAF LANE NAPLES, FL 34116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANNABELLE JOHNSON 3765 WEYMOUTH CIR. NAPLES FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, RUTH P.O. BOX 10916 NAPLES, FL 34101	<input checked="" type="checkbox"/> Delete			
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: <i>Kathy French</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>4-8-08</b> <b>239-353-1638</b> <small>Date Daytime Phone #</small>		