

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001722

FILED
Apr 14, 2009
Secretary of State

Entity Name: NAPLES ARTCRAFTERS, INC.

Current Principal Place of Business:

127 PLANTATION CIR
NAPLES, FL 34104

New Principal Place of Business:

3590 24TH AVE. S.E.
NAPLES, FL 34117

Current Mailing Address:

P.O. BOX 10884
NAPLES, FL 34101

New Mailing Address:

FEI Number: 65-0843312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRENCH, KATHY
127 PLANTATION CIR
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

WILSON, MIREILLE
3590 24TH AVE. S.E.
NAPLES, FL 34117 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: MIREILLE WILSON

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CLEMENTE, TERRI
Address: 6301 10TH AVE. N.W.
City-St-Zip: NAPLES, FL 34120

Title: VD () Delete
Name: MEGELA, MARIANNE
Address: 3050 BECK BLVD., K23
City-St-Zip: NAPLES, FL 34114

Title: T () Delete
Name: FRENCH, KATHY
Address: 27 PLANTATION CIR
City-St-Zip: NAPLES, FL 34104

Title: S () Delete
Name: WILSON, MIREILLE
Address: 3590 24TH S.E.
City-St-Zip: NAPLES, FL 34117

Title: S () Delete
Name: MC CAFFERY, SHIRLEY
Address: 5706 COPPER LEAF LANE
City-St-Zip: NAPLES, FL 34116

Title: P () Delete
Name: JOHNSON, ANNABELLE
Address: 3765 WEYMOUTH CIR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: VOSS, DOUG
Address: 50 3RD ST.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T (X) Change () Addition
Name: WILSON, MIREILLE
Address: 3590 24TH AVE S.E.
City-St-Zip: NAPLES, FL 34117

Title: S (X) Change () Addition
Name: HABLUTZEL, RUTH
Address: 241 1ST ST. S.W.
City-St-Zip: NAPLES, FL 34117

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 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: MIREILLE WILSON

T

04/14/2009

Electronic Signature of Signing Officer or Director

Date