

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001722

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** NAPLES ARTCRAFTERS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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:**

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V  
Name: JOHNSON, ANNABELLE  
Address: 3765 WEYMOUTH CIR.  
City-St-Zip: NAPLES, FL 34112

Title: VD  
Name: RYAN, RINNY  
Address: 2115 28TH. AVE.S.E.  
City-St-Zip: NAPLES, FL 34117

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MIREILLE WILSON

T

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date