2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# N98000001722

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 TRES 04/28/2011

Electronic Signature of Signing Officer or Director Date