

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001722

FILED
Jan 17, 2012
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:

3865 TREASURE COVE CIRCLE
NAPLES, FL 34114

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:

TENTSCHERT, JOANNE
3865 TREASURE COVE CIR.
NAPLES, FL 34114 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: JOANNE TENTSCHERT

01/17/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BURNETT, CHARLOTTE
Address: 4971 SYCAMORE DRIVE.
City-St-Zip: NAPLES, FL 34119

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

Title: T
Name: TENTSCHERT, JOANNE
Address: 3856 TREASURE COVE CIR..
City-St-Zip: NAPLES, FL 34114

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: VP
Name: CROSLEY, BETH
Address: 1227 10TH AVE N.
City-St-Zip: NAPLES, FL 34102

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: JOANNE TENTSCHERT

TREA

01/17/2012

Electronic Signature of Signing Officer or Director

Date