

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004025**

1. Entity Name  
**GREATER NAPLES LEADERSHIP, INC.**



Principal Place of Business

**568 9TH STREET S.  
SUITE 104  
NAPLES, FL 34102**

Mailing Address

**568 9TH STREET S.  
SUITE 104  
NAPLES, FL 34102**



01302004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0933584**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALEXANDER, SCOTT  
375 FIFTH AVE. S.  
NAPLES, FL 34102**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000125653  
04/23/04-80001-016 61.25**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KUEHNER, CARL  
1537 GORDON DRIVE  
NAPLES, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
ALEXANDER, SCOTT  
1516 GORMICAN LN  
NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
WYSS, JOANNE  
3133 RUM ROW  
NAPLES, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BELLAM, ANN  
8993 LELY IS. CIR.  
NAPLES, FL 34113**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GARDNER, GENE  
1004 5TH STREET S.  
NAPLES, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LOUNT, SUZANNE  
410 CHARLESWOOD LN.  
NAPLES, FL 34105**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SCOTT E ALEXANDER 4/16/04 239-262-5760**