

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004877

Entity Name: PFLAG NAPLES, INC.**Current Principal Place of Business:**6017 PINE RIDGE ROAD, #194
NAPLES, FL 34119**Current Mailing Address:**PO BOX 770294
NAPLES, FL 34107**FEI Number: 81-1165871****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOLDSTEIN, DAVID B
6017 PINE RIDGE ROAD, #194
NAPLES, FL 34119 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	GOLDSTEIN, DAVID B
Address	6017 PINE RIDGE ROAD, #194
City-State-Zip:	NAPLES FL 34119

Title	SECRETARY
Name	DORFMAN, RUTH
Address	718 CROSSFIED CIRCLE
City-State-Zip:	NAPLES FL 34104

Title	VP
Name	GOLDSTEIN, ELISSA
Address	6017 PINE RIDGE ROAD, #194
City-State-Zip:	NAPLES FL 34119

Title	DIRECTOR
Name	GOLDENBERG, STEPHEN
Address	7028 LEOPARD COURT
City-State-Zip:	NAPLES FL 34114

Title	TREASURER
Name	CRISCI, LORRAINE
Address	4952 RUSTIC OAKS CIRCLE
City-State-Zip:	NAPLES FL 34105

Title	DIRECTOR
Name	FISHER, ANN
Address	6017 PINE RIDGE ROAD, #194
City-State-Zip:	NAPLES FL 34119

Title	DIRECTOR
Name	WHYTE, MICHAEL
Address	6017 PINE RIDGE ROAD, #194
City-State-Zip:	NAPLES FL 34119

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: DAVID GOLDSTEIN**PRESIDENT****01/10/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date