## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004877

Entity Name: PFLAG NAPLES, INC.

**FILED** Feb 11, 2016 **Secretary of State** CC7085077867

## **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 Title

GOLDSTEIN, DAVID B Name DORFMAN, RUTH Name

Address 6017 PINE RIDGE ROAD, #194 Address 718 CROSSFIED CIRCLE

City-State-Zip: NAPLES FL 34119 City-State-Zip: NAPLES FL 34104

**DIRECTOR** Title Title **SECRETARY** 

Name GOLDENBERG, STEPHEN Name GOLDSTEIN, ELISSA

Address 7028 LEOPARD COURT Address 6017 PINE RIDGE ROAD, #194 NAPLES FL 34114 City-State-Zip:

City-State-Zip: NAPLES FL 34119

Title **TREASURER** 

CRISCI, LORRAINE Name

4952 RUSTIC OAKS CIRCLE Address

City-State-Zip: NAPLES FL 34105

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.

02/11/2016 SIGNATURE: LORRAINE CRISCI **TREASURER**