

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 04, 2006  
Secretary of State**

DOCUMENT# 707300

Entity Name: THE SEA GATE BAPTIST CHURCH OF NAPLES, FLORIDA, INC.

**Current Principal Place of Business:**

1010 WHIPPOORWILL LANE  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

1010 WHIPPOORWILL LANE  
NAPLES, FL 34105

**New Mailing Address:**

FEI Number: 59-1216867      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ODOM, JAMES M.  
810 93RD AVE. N.  
NAPLES, FL 34108      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: T                    (X) Delete  
Name: RAY, JIM,  
Address: 3461 BOLERO WAY  
City-St-Zip: NAPLES, FL 34105

Title: T                    ( ) Delete  
Name: KAMMERAAD, TIMOTHY,  
Address: 5220 23RD PLACE, S.W.  
City-St-Zip: NAPLES, FL 34116

Title: PD                    ( ) Delete  
Name: ODOM, JAMES M.,  
Address: 810 93RD AVE N  
City-St-Zip: NAPLES, FL 34108

Title: T                    ( ) Delete  
Name: BOSWELL, ALLEN  
Address: 541 GOLDEN GATE BLVD.  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES M. ODOM

PD

05/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date