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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:50

DOCUMENT # 763993 (3)

1. Corporation Name
THE FIRST PRESBYTERIAN CHURCH OF NAPLES

Principal Place of Business	Mailing Address
250 SIXTH ST. SOUTH NAPLES FL 33940-6120	250 SIXTH ST. SOUTH NAPLES FL 33940-6120

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1982
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-6045875 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

WILSON, GARY K
1100 5TH AVE S SUITE 211
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	T/D ☒ Change ☐ Addition
NAME	PETERSON, WILLIAM E.,JR.	1.2 NAME	Quay, Harry S.
STREET ADDRESS	250 6TH ST. S.	1.3 STREET ADDRESS	1100 Illinois Drive
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples FL 33940-3888
TITLE	PD	2.1 TITLE	P/D ☒ Change ☐ Addition
NAME	MASON, RICHARD A	2.2 NAME	Hathaway, Fred
STREET ADDRESS	4401 GULF SHORE BLVD N #1502	2.3 STREET ADDRESS	4031 Gulf Shore BLVD N PH2A
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples FL 33940-2605
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BOTTER, WILLIAM D.	3.2 NAME	
STREET ADDRESS	379 TORRE PINES POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	PRATT, CALVIN J	4.2 NAME	
STREET ADDRESS	4850 WHISPERING PINES WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harry S. Quay/Treasurer Harry S. Quay 1/30/95 (813)262-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00163G7