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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 763993 (3)

1. Corporation Name

THE FIRST PRESBYTERIAN CHURCH OF NAPLES

Principal Place of Business

250 SIXTH ST. SOUTH  
NAPLES FL 33940-6120

Mailing Address

250 SIXTH ST. SOUTH  
NAPLES FL 34102-6120



3. Date Incorporated or Qualified  
03/05/1982

3a. Date of Last Report  
04/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☒ DELETE  
NAME QUAY, HARRY S  
STREET ADDRESS 1100 ILLINOIS DRIVE  
CITY-ST-ZIP NAPLES FL

1.1 TITLE TD ☐ Change ☒ Addition  
1.2 NAME RUDELL, ALLAN L.  
1.3 STREET ADDRESS 185 EDMERE WAY S  
1.4 CITY-ST-ZIP NAPLES FL 34105-7108

TITLE PD ☒ DELETE  
NAME HATHAWAY, FRED  
STREET ADDRESS 4031 GULF SHORE BLVD., N PH2A  
CITY-ST-ZIP NAPLES FL

2.1 TITLE PD ☐ Change ☒ Addition  
2.2 NAME RHEIN, MARK F.  
2.3 STREET ADDRESS 801 LAUREL OAK DR STE 100  
2.4 CITY-ST-ZIP NAPLES FL 34108

TITLE SD ☐ DELETE  
NAME ELLIS, W F  
STREET ADDRESS 521 WHISPERING PINE CT  
CITY-ST-ZIP NAPLES FL 51

3.1 TITLE VD ☒ Change ☐ Addition  
3.2 NAME ELLIS, W F  
3.3 STREET ADDRESS 521 WHISPERING PINE CT  
3.4 CITY-ST-ZIP NAPLES FL

TITLE VD ☒ DELETE  
NAME PRATT, CALVIN J  
STREET ADDRESS 4850 WHISPERING PINES WAY  
CITY-ST-ZIP NAPLES FL

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME LOWERY, CAROLINE  
4.3 STREET ADDRESS 635 ANCHOR RODE DR  
4.4 CITY-ST-ZIP NAPLES FL 34103-2719

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 in an attachment with an address.

SIGNATURE: CAROLINE LOWERY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-97

941-262-1311

Date

Daytime Phone # 0088470

CR2E037 (9/96)