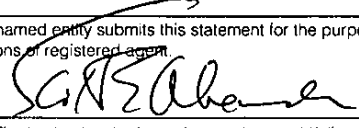


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90078 045 \*\*\*\*61.25

<b>DOCUMENT # 763993</b> 1. Entity Name <b>THE FIRST PRESBYTERIAN CHURCH OF NAPLES</b>					
Principal Place of Business <b>250 SIXTH ST. SOUTH NAPLES, FL 34102</b>			Mailing Address <b>250 SIXTH ST. SOUTH NAPLES, FL 34102</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6045875</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALEXANDER, SCOTT 1516 GORMICAN LANE NAPLES, FL 34110</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TDT <input type="checkbox"/> Delete		TITLE	TDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRENNAN, TERRENCE		NAME	Gibson, Robert	
STREET ADDRESS	4151 GULF SHORE BLVD. N. APT. 605		STREET ADDRESS	3832 Jungle Plum Dr E	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	Naples, FL 34114-2527 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDER, SCOTT		NAME		
STREET ADDRESS	1516 GORMICAN LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	VT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULTZ, ROBERT		NAME		
STREET ADDRESS	717 PINESIDE LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	SDT <input type="checkbox"/> Delete		TITLE	SDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, JAMES		NAME	Barton, Patricia	
STREET ADDRESS	157 1ST AVE., NORTH		STREET ADDRESS	605 Palm Cir E	
CITY-ST-ZIP	NAPLES, FL 341025902		CITY-ST-ZIP	Naples, FL 34102-5558 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	