

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

\_\_\_\_\_

<b>DOCUMENT # 763993</b>				03-27-2007 90008 014 ****61.25	
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-6045875</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BARTON, PATRICIA 755 PINE COURT NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 		Clerk of Session <b>Patricia M. Barton</b>		3-23-07	
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, 2007</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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBSON, ROBERT		NAME		
STREET ADDRESS	3832 JUNGLE PLUM DR, E		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341142527		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULTZ, ROBERT		NAME	VDT	
STREET ADDRESS	717 PINESIDE LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	SDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTON, PATRICIA		NAME		
STREET ADDRESS	755 PINE COURT		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	PDT	
STREET ADDRESS			STREET ADDRESS	Jerry F.. Nichols	
CITY-ST-ZIP			CITY-ST-ZIP	6915 Oakmont Pkwy	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Naples, FL 34108	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Patricia M Barton 3-23-07 239-262-1311			
Signature and typed or printed name of signing officer or director		Date Daytime Phone #			