2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # 763993 1. Entity Name THE FIRST PRESBYTERIAN CHURCH OF NAPLES						03-31-2008 90021 014 ****61.25					
Principal Plac 250 SIXTH S NAPLES, FL		250	Mailing Address 250 SIXTH ST. SOUTH NAPLES, FL 34102					<u> </u>	11/1 8 /831 81 9 12 8	IBN BIBN BIBN BIF	ifini di 129t
2. Principal P	Place of Business - No P.O. Box #	3. Mail	3. Mailing Address							A company of the second	
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				03212008 Chg-NP CR2E037 (12/06)				
City & State		Cit	City & State			EO CO4E07E			oplied For ot Applicable		
Zip	Country	Zip		Соц	untry			f Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curre	nt Registere	d Agent		Name	~		Address of New	Registered	Agent	
BARTON,	PATRICIA				Ivaille	<u> Pa</u>	<u>xtricia</u>	<u>Bar</u>	ton_		
755 PINE COURT					Street Address (P.O. Box Number is Not Acceptable)						
NAPLES, I	FL 34102					605	5 Pal	m Circ	10 0	East	
					City	<u> </u>	J 1 WII	M CITO		Zip Cod	<u> </u>
						Na	ples		FI	- 1341	02
the obligat	e named entity submits this statement tions of registered agent.	Barton	, Patrici	ia M	1. Bar	ton,	Secretary		3/a.		
	Signature, typed or printed name of registered age	ent and fille if app	licable. (NOTE	:: Registere	d Agent signal	lure required	when reinstating)		/ DATE	′	
	Filing Fee is \$61.25 Due by May 1, 2008	ent and tille if app	9. Efection Can Trust Fund C	npaign F	nancing	ture required	\$5.00 May Be Added to Fees		Make chec	ck payable to	
10.	Filing Fee is \$61.25		9. Election Can	npaign F	nancing		\$5.00 May Be	Fic	Make chec	ck payable to	tate
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1. I nereby 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:

MALLIA MALLANTON

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/08

239-262-1311