2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 766705

Entity Name: NAPLES CHURCH OF RELIGIOUS SCIENCE, INC.

Current Principal Place of Business:

5051 COSTELLO DR.
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

PO BOX 110185
NAPLES, FL 341080185

New Mailing Address:

FEI Number: 59-2337696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BURNS, MELANIE
7530 BRISTOL CIRCLE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: BURNS, MELANIE
Address: 141 CYPRESS WAY APT E
City-St-Zip: NAPLES, FL 34110

Title: T ( ) Delete
Name: TARANTO, MIKE
Address: 5639 LAGO VILLAGIO WAY
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete
Name: HEIST, JOYCE
Address: 916 EGRETS RUN #204
City-St-Zip: NAPLES, FL 34108

Title: T ( ) Delete
Name: HAMILTON, HOLLY
Address: 132 BELINA DR #6
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete
Name: VALENTINA, DIMITRI
Address: 162 PEBBLE SHORE DR. #203
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: BURNS, MELANIE
Address: 7530 BRISTOL CIRCLE
City-St-Zip: NAPLES, FL 34120

Title: T (X) Change ( ) Addition
Name: CANNON, LISA
Address: 5775 GRANDE RESERVE WAY #802
City-St-Zip: NAPLES, FL 34110

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: ISKANDER, ISSAC
Address: 7699 CAMERON CIRCLE
City-St-Zip: FT. MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE BURNS D 04/30/2008

Electronic Signature of Signing Officer or Director — Date