

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003296

FILED
Jan 24, 2006
Secretary of State

Entity Name: LIFEWAY COMMUNITY CHURCH OF NAPLES, INC.

Current Principal Place of Business:

2740 18TH AVE NE
NAPLES, FL 34120

New Principal Place of Business:

14699 INDIGO LAKES CIR
NAPLES, FL 34119

Current Mailing Address:

2740 18TH AVE NE
NAPLES, FL 34120

New Mailing Address:

14699 INDIGO LAKES CIR
NAPLES, FL 34119

FEI Number: 20-0940460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, MICHAEL L PD
2740 18TH AVE NE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

MAXFIELD, ROBERT E PD
14699 INDIGO LAKES CIR
NAPLES, FL 34119 US

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: ROBERT E. MAXFIELD

01/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, MICHAEL L
Address: 2740 18TH AVE NE
City-St-Zip: NAPLES, FL 34120

Title: VD () Delete
Name: MAXFIELD, ROBERT
Address: 14699 INDIGO LAKES CIR
City-St-Zip: NAPLES, FL 34119

Title: STD () Delete
Name: CARTER, DAWN D
Address: 2740 18TH AVE NE
City-St-Zip: NAPLES, FL 34120

Title: D (X) Delete
Name: GALLEGOS, ISRAEL
Address: 975 GROVE DR
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAXFIELD, ROBERT E
Address: 14699 INDIGO LAKES CIR
City-St-Zip: NAPLES, FL 34119

Title: VD (X) Change () Addition
Name: YATES, AMY
Address: 1781 18TH AVE NE
City-St-Zip: NAPLES, FL 34120

Title: STD (X) Change () Addition
Name: HAMILTON, TRISH
Address: 2145 47TH AVE NE
City-St-Zip: NAPLES, FL 34120

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT E. MAXFIELD

PD

01/24/2006

Electronic Signature of Signing Officer or Director

Date