


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000008321</b> 1. Entity Name <b>FIRST CONGREGATIONAL CHURCH OF NAPLES, INC.</b>	
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Principal Place of Business <b>27761 RIVERWALK WAY BONITA SPRINGS, FL 34134</b>	Mailing Address <b>27761 RIVERWALK WAY BONITA SPRINGS, FL 34134</b>
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**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>83-0405637</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BENNETT, NEIL 27761 RIVERWALK WAY BONITA SPRINGS, FL 34134</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMON, LARRY 9024 TERRANOVA DR NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMON, LARRY 9024 TERRANOVA DR NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, ARTHUR 1059 JARDIN DR NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINN, DONNA 1836 WINDING OAKS WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIDDLETON, ROD 7082 VILLA LANTANA WAY NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENNETT, NEIL T 27761 RIVERWALK WAY BONITA SPRINGS, FL 34134

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01/31/07-80030-001 61.25

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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:** Arthur E Green **1-24-07** **239-261-4691**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #