

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 24, 2005
Secretary of State**

DOCUMENT# N07044

Entity Name: COMMUNITY CONGREGATIONAL UNITED CHURCH OF CHRIST, INC.

Current Principal Place of Business:

15300 N TAMIAMI TRAIL
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

15300 N TAMIAMI TRAIL
NAPLES, FL 34110

New Mailing Address:

FEI Number: 59-2520944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, WRIGHT, MORRIS & ARTHUR
W. JEFFREY CECIL 5801 PELICAN BAY BLVD
SUITE 300
NAPLES, FL 34108 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: AS () Delete
Name: WHITNEY, ELIZABETH M MRS
Address: 1568 WHISPERING OAKS CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: D/AT () Delete
Name: FUTHEY, DOREEN
Address: 396 HARVARD CT
City-St-Zip: NAPLES, FL 341048403

Title: DP () Delete
Name: WEBB, DAVID M
Address: 5220 TAMARIND RIDGE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: DVAT () Delete
Name: OLDLAND, JEANNETTE
Address: 24680 PARADISE ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D/S () Delete
Name: KIRKER, CHARLES
Address: 148 ESTELLE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: D/T () Delete
Name: SHROYER, HOMER
Address: 27866 CARL CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change () Addition
Name: LYSIAK, JULIETTE MRS
Address: 10691 REGENT CIR
City-St-Zip: NAPLES, FL 34109

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

Title: () Change () Addition
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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 Section 119.07(3)(i), 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: JULIETTE LYSIAK

AS

01/24/2005

Electronic Signature of Signing Officer or Director

Date