

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000711 (0)

1. Corporation Name

NAPLES EVANGELICAL FREE CHURCH, INC.



Principal Place of Business

Mailing Address

5340 14TH AVE. SW
NAPLES FL 33999

5340 14TH AVE. SW
NAPLES FL 33999

3. Date Incorporated or Qualified
02/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2055 Trade Center Way

26 2055 Trade Center Way

4. FEI Number

65-0630353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 City & State

27 City & State

23 Naples, FL

28 Naples, FL

24 Zip 33942

25 Country USA

29 Zip 33942

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLSON, KEITH R
5340 14TH AVE. SW
NAPLES FL 33999

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Keith R. Carlson

Keith R. Carlson

2/21/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ANGSTROM, MERLIN
STREET ADDRESS 169 OAKWOOD DR.
CITY-ST-ZIP NAPLES FL 33942

TITLE D ☐ DELETE
NAME CARLSON, KEITH R
STREET ADDRESS 5340 14TH AVE. SW
CITY-ST-ZIP NAPLES FL 33999

TITLE D ☐ DELETE
NAME TATSCH, CLINTON E
STREET ADDRESS 1440 GULF COAST DR.
CITY-ST-ZIP NAPLES FL 33963

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

\$ Dep by Bank

15-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Merlin Angstrom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96 (941) 514-3620

Date

Daytime Phone #

CR2E037 (12/95)