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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 709897

SIGNATURE: SIGNATURE AND TYPES OF

(3)

EAST NAPLES UNITED METHODIST CHURCH, INC.

Mailing Address 2701 AIRPORT ROAD SOUTH MAPLES FL 33962 US 3. Date Incorporated or Qualified 11/09/1965 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 11/09/1965 3. Date Incorporated or Qualified 11/09/1965 3. Date Incorporated or Qualified 11/09/1965 4. FEI Number 59-217 1804 5. Certificate of Status Desired 6. Celection Campaign Financing Trust Fund Contribution 22p 22p 22p 22p 23p 22p 22p 23p 24p 25p 26p 27p 20p 20p 20p 20p 20p 21p 22p 22p 23p 20p 20p 20p 20p 20p 20p 20p 20p 20p 20	Intangible ta	\$8.79 Fee \$5.0 Adde x under s	Applied For Not Applicable 5 Additional Required O May Be ad to Fees
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CITY-ST-ZIP NAPLES FL 2 4 CITY-ST-ZIP TITLE S DELETE 3.1 TITLE		Change	Addition
		Change	Roullium
NAME CHAMBERLAIN, ANNA MAE STREET ADDRESS 5750 26 AVE S.W. 32 NAME RATLIFFE, CLIPPE 32 NAME 33 STREET ADDRESS 5280 M VRILE LANE			
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CITY-SI-ZIP NAPLES FL 34 CITY-SI-ZIP NAPLES, FL, 3396	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME FERRELL, ROBERT 4.2 NAME	•		
STREET ADDRESS 5924 CRANBROOK WAY, #101 43 STREET ADDRESS			
CITY-ST-ZIP NAPLES FL 44 CITY-ST-ZIP			
TITLE T DELETE 51TITLE		Change	☐ Addition
NAME SLABAUGH, DENNIS 52 NAME			
STREET ADDRESS 630 HENLEY DR 53 STREET ADDRESS			
CITY-ST-ZIP NAPLES FL 54 CITY-ST-ZIP			
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NAME BAUR, DEDE STREET ADDRESS CITY-ST-ZIP BAUR, DE DE 2200 CLIPPER WAY 63 STREET ADDRESS 64 CITY-ST-ZIP NAPLES FL 33942	•		
STREET ADDRESS 2200 CLIPPER WAY 63 STREET ADDRESS 2200 CLIPPER WAY			
CITY-ST-ZIP NAPLES FL 64 CITY-ST-ZIP NAPLES, FL 33942			
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 11st certify that the information indicated on this annual report or supplemental annual report is fine and accurate and that my signature shall have the 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, I		rida Statu	ites. I further

GNING OFFICER OR DIRECTOR