FILE NOW: FILING FEE IS $61.25

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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **709897** **(3)**

1. Corporation Name
EAST NAPLES UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
2701 AIRPORT ROAD SOUTH NAPLES FL 33962 US	2701 AIRPORT ROAD SOUTH NAPLES FL 34112-4817 US

3. Date Incorporated or Qualified: 11/09/1965
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24: 34112
Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29
Country — 30

4. FEI Number: 59-2171804 ☐ 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

9. Name and Address of Current Registered Agent

KROUT, HAROLD
19 CREEK CIRCLE
NAPLES, FL
33962

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LUTHER, JAMES		12 NAME		
STREET ADDRESS	212 PALMETTO DUNES CIR		13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	LITTLE, BILL		22 NAME		
STREET ADDRESS	587 SAINT ANDREWS BLVD		23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	RATLIFFE, CLIFF		32 NAME		
STREET ADDRESS	5280 MYRTLE LANE		33 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		34 CITY-ST-ZIP		
TITLE	D	☒ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME	FERRELL, ROBERT		42 NAME	JORDAN, JOHN	
STREET ADDRESS	5924 CRANBROOK WAY, #101		43 STREET ADDRESS	269 BALTUSROL DR.	
CITY-ST-ZIP	NAPLES FL		44 CITY-ST-ZIP	NAPLES, FL. 34113	
TITLE	T	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SLABAUGH, DENNIS		52 NAME		
STREET ADDRESS	630 HENLEY DR		53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		54 CITY-ST-ZIP		
TITLE	S	☒ DELETE	61 TITLE	S	☒ Change ☐ Addition
NAME	BAUR, DEDE		62 NAME	McCLURE, HELEN	
STREET ADDRESS	2200 CLIPPER WAY		63 STREET ADDRESS	3067 ROUND TABLE CT.	
CITY-ST-ZIP	NAPLES FL		64 CITY-ST-ZIP	NAPLES, FL 34112	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1/29/97 941-774-1333