

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709897

FILED
Aug 05, 2004
Secretary of State**Entity Name:** EAST NAPLES UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**2701 AIRPORT ROAD SOUTH
NAPLES, FL 34112 US**New Principal Place of Business:****Current Mailing Address:**2701 AIRPORT ROAD SOUTH
NAPLES, FL 34112 US**New Mailing Address:****FEI Number:** 59-2171834**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BORDUAS, THEODORE R
4581 CHIPPENDALE DR
NAPLES, FL 34112**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: D () Delete
Name: BIRKHOLZ, BOB
Address: 4628 CHIPPENDALE DR
City-St-Zip: NAPLES, FL 341125259

Title: S () Delete
Name: BENDER, BILL
Address: 795 CROSS FIELD CIR
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: CORTWRIGHT, PAT
Address: 426 GLADES BLVD
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: GRANT, LUCINDA
Address: 954 CHARLEMANGE BLVD
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: SHANNON, EVELYN
Address: 3170 PINEAPPLE CT
City-St-Zip: NAPLES, FL 341201467

Title: D () Delete
Name: LANGE, NANCY
Address: 7533 LOURDES CT
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: THEODORE R. BORDUAS

O

08/05/2004

Electronic Signature of Signing Officer or Director

Date