
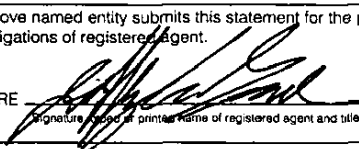
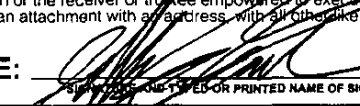


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90106 028 \*\*\*\*61.25

<b>DOCUMENT # 709897</b> 1. Entity Name <b>EAST NAPLES UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>2701 AIRPORT ROAD SOUTH NAPLES, FL 34112 US</b>			Mailing Address <b>2701 AIRPORT ROAD SOUTH NAPLES, FL 34112 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2171834</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RASMUSSEN, CHRIS 4046 SAWGRASS LANE NAPLES, FL 34112</b>				7. Name and Address of New Registered Agent Name <b>JEFFREY E. GOOD</b> Street Address (P.O. Box Number is Not Acceptable) <b>3365 POINCIANA ST</b> City <b>NAPLES</b> FL <b>34105</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature of registered agent or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: right;"> <b>1/31/07</b>  <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASMUSSEN, CHRIS 4046 SAWGRASS LANE NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFREY E. GOOD 3365 POINCIANA ST NAPLES FL. 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORTRIGHT, CHARLES 426 GLADES BLVD NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS BEAUMONT 5950 AMHERST COVE APT. 106 NAPLES, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITTING, JAMES 1356 MONARCH CIRCLE NAPLES, FL 34116	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>BRENDA OROZCO</del> MARTHA YATES 100 CHAMONIX CT. NAPLES FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISER, JAMES JR 426 LELY PALMS DRIVE NAPLES, FL 34113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENDA OROZCO 8112 SANCTUARY DR #2 NAPLES, FL. 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, HOWARD 4391 13TH AVE SW NAPLES, FL 34116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAITLAND, WILLIAM 171 SHORECREST COURT MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/31/07</b> <small>Date</small>		
<small>Daytime Phone #</small>					