

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008321

**Entity Name:** FIRST CONGREGATIONAL CHURCH OF NAPLES, INC.**Current Principal Place of Business:**6225 AUTUMN OAKS LN.  
NAPLES, FL 34119-8634**Current Mailing Address:**6225 AUTUMN OAKS LN.  
NAPLES, FL 34119-8634 US**FEI Number: 83-0405637****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**URI, NIKKI A  
12966 WHITE VIOLET DRIVE  
NAPLES, FL 34119 US*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

**Officer/Director Detail :**

Title PASTOR  
Name SURBER, CHRISTOPHER  
Address 7061 VENICE WAY  
APT 320  
City-State-Zip: NAPLES FL 34119

Title TRUSTEE  
Name KROPSCHOT, BRUCE  
Address 7448 TREELINE DR  
City-State-Zip: NAPLES FL 34119

Title TRUSTEE  
Name PAPANDREA, JOHN  
Address 10830 FLUMAR CT  
City-State-Zip: NAPLES FL 34119

Title TRUSTEE  
Name FONDESSY, ROLAND  
Address 1921 OAKS BLVD  
City-State-Zip: NAPLES FL 34119

Title TREASURER  
Name WOOD, STEPHEN ERIC  
Address 9208 QUARTZ LN  
APT 101  
City-State-Zip: NAPLES FL 34120

Title TRUSTEE  
Name URI, LADONNA  
Address 12966 WHITE VIOLET DR  
City-State-Zip: NAPLES FL 34119

Title TRUSTEE  
Name DENTON, LARRY  
Address 9332 FIELDSTONE LN  
City-State-Zip: NAPLES FL 34120

Title TRUSTEE  
Name SCOON, DAVEY  
Address 7913 VIA VECCHIA  
City-State-Zip: NAPLES FL 34108

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*I hereby 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 all other like empowered.*

**SIGNATURE: STEPHEN E WOOD****TREASURER****02/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name MATHEWS, JOHN  
Address 3932 DEEP PASSAGE WAY  
City-State-Zip: NAPLES FL 34109

Title TRUSTEE  
Name SIMMONS, JIM  
Address 4801 BONITA BAY BLVD UNIT 1604  
City-State-Zip: BONITA SPRINGS FL 34134