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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

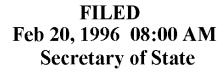
DIVISION OF CORPORATIONS

1996

DOCUMENT # 703183

(4)

NAPLES CHURCH OF CHRIST, INC. NAPLES, FLORIDA





14CO MANDA	e of Business	Mailing Address			i samie eden adies sein itzat idiāt ist antil dibit dibit dibit filli bibit 1881		
1450 MANDARIN ROAD NAPLES FL 33940		1450 MANDARIN ROAD NAPLES FL 33940					
					3. Date Incorporated or Qualified 11/14/1961	3a. Date of Last Report 03/06/1995	
- 1	Place of Business	2a. Mailing Addres	SS		4. FEI Number 59-2326702	Applied	
Suite, Apt.	# 010	26	- 4 -		39-2320102	Not App	
22 Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Addition	
City & Stat	6	City & State			6. Election Campaign Financing	\$5.00 May	
23		28			Trust Fund Contribution	Added to Fee	
Zφ	Country	Zip	Count	ry	8. This corporation has liability for in		
24	25	29	30		Florida Statutes		
	9. Name and Address of Curr	ent Registered Agent	8	41	10. Name and Address of New Re	gistered Agent	
LIAVAICO	OLAUDE A		l°	1 Name			
	S, CLAUDE A EST BLVD		8	82 Street Address (P.O. Box Number is Not Acceptable)		9)	
	5 FL 33940		8	2			
HALLES	FE 33940						
			8	4 City		85 Zip Code	
11 Pursuant	to the provisions of Sections 617.05	02 and 617 1509 Florida	Statutes the shows	l named save	oration submits this statement for the purp	FL L P COOK	
or register	rea agent, or both, in the State of Fig	orida. Such change was a	uthorized by the cor	poration's bo	ard of directors. I hereby accept the appoi	iose of changing its registered intment as registered agent. I	
tamiliar wi	ith, and accept the obligations of, Se	etion 617.0503, Florida S	tatutes.				
SIGNATURE	Signature, typeo or printed name of registered ag-	ect and title if applicable	(NOTE: Registered Ag	ent einnah ira recuii	rod when pringstation	DATE	
12.		ND DIRECTORS	13.	on a agricular requi	ADDITIONS/CHANGES TO OFFIC		
TITLE	VDT	□ DELE1	TE 1.1 TITLE			Change Ad	
NAME	HAYNES, CLAUDE		1.2 NAME	E			
STREET ADDRESS	4888 W BLVD		1.3 STRE	ET ADDRESS			
	NAPLES, FL 00000		1.4 CiTY-				
CITY-ST-ZIP	VD	DELET		ST-ZIP		☐ Change ☐ Ad	
CITY-ST-2IP TITLE NAME	VD MCCAULEY, CHARLIE	DELET		-ST-ZIP		☐ Change ☐ Ad	
CITY - ST - ZIP TITLE	VD MCCAULEY, CHARLIE 3064 LINWOOD AVE	DELET	E 2.1 TITLE 2.2 NAME	-ST-ZIP		☐ Change ☐ Ad	
CITY-ST-ZIP TITLE NAME	VD MCCAULEY, CHARLIE 3064 LINWOOD AVE NAPLES, FL 00000		E 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	ST-ZIP ET ADDRESS -ST-ZIP			
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14. To difference certify that the information supplied with this tiling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

Uluber Stagner CLAV C

3/1/19

941-443-5240