FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

703183

(4)

NAPLES CHURCH OF CHRIST, INC. NAPLES, FLORIDA

Principal Place of Business	Mailing Address		
1450 Mandarin Road Naples Fl 33940	1450 MANDARIN ROAD NAPLES FL 34102-5136		

FILED Feb 27 1997 8:00am Secretary of State



	•				
				3. Date Incorporated or Qualified 3a. Date of 02/2	Last Report 2 0/1996
2. Principal Pla	Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
21 26			59-2326702	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired S8.75		
City & State	;	City & State		6. Election Campaign Financing \$	5.00 May Be
23		28		, , , , , , , , , , , , , , , , , , ,	doted to Fees
7ip	Country	Zip	Country	8. This corporation has liability for intangible tax ur	nder s. 199.032.
24	25	29 3	10	Florida Statutes	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	
1444	OLAUDE A		81 Name	CLAUDE A. HAYNES	- >
	, CLAUDE A		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	ST BLVD		63	188 MAZI BEATI CAI	
NAPLES	FL-33940		63		
			84 City	A 01 - 85	Zip Code
•				IAPLES E FL BS	34103
11. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the above-named of	corporation submits this statement for the purpose of chan oration's board of directors. I hereby accept the appointment	ging its registered
agent. I ar	n familiar with, and accept the obligi	ations of, Section 617.0503, Flori	ida Statutes.	station a board of directors. Thereby accept the appointment	on as registered
SIGNATURE					
OTOTO TOTAL	Signature, typed or printed name of registered age		Registered Agent signature r		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
TITLE	VDT	☐ DELETE	1.1 TITLE	□ 0	hange
NAME	HAYNES, CLAUDE VIDT		1.2 NAME		
STREET ADURESS	4388 W BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000		1.4 CiTY+ST-ZIP		
TITLE	Vn	☐ DELETE	21 TITLE		hange Addition
NAME	MCCAULEY, CHARLIE V)	2.2 NAME		
STREET ADDRESS	3064 LINWOOD AVE		2.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 00000		2. 4 CITY-ST-ZIP	¥	
TITLE	VN	DELETE	3.1 TITLE	□ c	hange
NAME	BERRY, BOB)	3.2 NAME		
STREET ADDRESS	777 GULFSHORE DRIVE		3.3 STREET ADDRESS		
CITY-S1-ZIP	NAPLES FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	□с	change Addition
NAME	PD PD PD CROMWELL, MIKE		4. 2 NAME		
STREET ADDRESS	238 ERIE DR.		4.3 STREET ADDRESS		
,	NAPLES, FL 00000	_	4.4 CITY - ST - ZIP		
CITY - ST - ZIP TITLE	VO	DELETE.	5.1 TITLE	ROBERT MURRELL VO 110	hange Addition
NAME	SIMPSON, CLAUDE	LES GELETE	5.2 NAME	KOBERT MINKLOW	AV
	3364 CORONA WAY		5.3 STREET ADDRESS	1721 SAN KEEN AN UZAG CO.	′ 1
STREET ADDRESS			i .	NAPLES, Fl. 34109	
CrTY - ST - ZIP	NAPLES, FL 00000	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		hange Addition
TITLE		☐ MILL	II.	□ •	SiestRe T Verguini)
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
Crty-St-ZiP			6.4 CITY-ST-ZIP		

4. Ido 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

IGNATURE AND TYPED OR PRINTED MAME OF SUSHING OFFICER OR DIRECTOR

2/6/97

941-774-8051