

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703183 (4)**  
1. Corporation Name  
**NAPLES CHURCH OF CHRIST, INC. NAPLES, FLORIDA**



Principal Place of Business <b>1450 MANDARIN ROAD NAPLES FL 33940</b>	Mailing Address <b>1450 MANDARIN ROAD NAPLES FL 33940</b>
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3. Date incorporated or Qualified <b>11/14/1961</b>		
4. FEI Number <b>-59-2326702 59-3446991</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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**9. Name and Address of Current Registered Agent**

**HAYNES, CLAUDE A  
4888 WEST BLVD  
NAPLES FL 34103**

**10. Name and Address of New Registered Agent**

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE CLAUDE A. HAYNES (NOTE: Registered Agent signature required when reinstating) 1/19/98

**12. OFFICERS AND DIRECTORS**

TITLE	VDT	<input type="checkbox"/> DELETE
NAME	HAYNES, CLAUDE	
STREET ADDRESS	4888 W BLVD	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCAULEY, CHARLIE	
STREET ADDRESS	3064 LINWOOD AVE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERRY, BOB	
STREET ADDRESS	777 GULFSHORE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CROMWELL, MIKE	
STREET ADDRESS	238 ERIE DR.	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MURRELL, ROBERT	
STREET ADDRESS	1721 SAN BERNARDINO WAY	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD MICHAEL ADAMS
1.3 STREET ADDRESS	780 CLARENDON CT.
1.4 CITY-ST-ZIP	NAPLES, FL 34109
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD GEORGEY BROWN
2.3 STREET ADDRESS	241-153 STAS.W.
2.4 CITY-ST-ZIP	NAPLES, FL 34120
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: CLAUDE A. HAYNES 1/18/98 946-776-8051

CR2E037 (10/97)