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Secretary of State

03-06-1999 90087 009 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 703183

1. Corporation Name
NAPLES CHURCH OF CHRIST, INC. NAPLES, FLORIDA

* 1 82022 - 90087 - 2 *

Principal Place of Business Mailing Address
 1450 MANDARIN ROAD 1450 MANDARIN ROAD
 NAPLES FL 33940 NAPLES FL 33940



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	1450 Mandarin Rd.	11/14/1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	Naples, FL	59-3446991	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	FL		
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29	34102	30	Callie

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAYNES, CLAUDE A 4888 WEST BLVD NAPLES FL 34103				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, CLAUDE	1.2 NAME	
STREET ADDRESS	4888 W BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	zip 34103
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAULEY, CHARLIE	2.2 NAME	
STREET ADDRESS	3064 LINWOOD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	2.4 CITY-ST-ZIP	zip 34112
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, BOB	3.2 NAME	
STREET ADDRESS	777 GULFSHORE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	zip 34103
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MITCHAEAL	4.2 NAME	
STREET ADDRESS	780 CLARENDON CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GEOFFREY	5.2 NAME	
STREET ADDRESS	241-15THH ST S.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34120	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE A HAYNES 3/6/99 941-714-8051