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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703729 (4)
1. Corporation Name
FIRST CHURCH OF CHRIST SCIENTIST, NAPLES, FLORIDA
A

Principal Place of Business Mailing Address
649 CENTRAL AVE NAPLES FL 33940 649 CENTRAL AVE NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 03/15/1962 3a. Date of Last Report 04/19/1994

4. FEI Number 59-0932856 Applied For Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
SWITZER, JOLENE
649 CENTRAL AVENUE
NAPLES FL 33940

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 607.0502 and 607.1508, 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 607.0505, 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 | S | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SWITZER, JOLENE | 1.2 NAME | |
| STREET ADDRESS | 188 TAHITI CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NELSON, KENNETH | 2.2 NAME | |
| STREET ADDRESS | 1625 THIRS ST., SOUTH | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HIRST, BARBARA | 3.2 NAME | HIRST, BARBARA |
| STREET ADDRESS | P.O. BOX 1042 N/A | 3.3 STREET ADDRESS | P.O. BOX 1042 N/A |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | NAPLES, FL 33909 |
| TITLE | V | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOORE, BARBARA | 4.2 NAME | Joanne Glatt |
| STREET ADDRESS | 1255 GULF SHORE BBLVD N | 4.3 STREET ADDRESS | 575 WILDWOOD LANE |
| CITY-ST-ZIP | NAPLES FL | 4.4 CITY-ST-ZIP | Naples, FL 33942 |
| TITLE | C | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAY, HERBERT | 5.2 NAME | DAVID Switzer |
| STREET ADDRESS | 12824 POND APPLE, W | 5.3 STREET ADDRESS | 188 Tahiti Cir |
| CITY-ST-ZIP | NAPLES FL | 5.4 CITY-ST-ZIP | Naples, FL 33962 |
| TITLE | D | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FESS, SUZANNE | 6.2 NAME | FESS, SUZANNE |
| STREET ADDRESS | 1340 BALD EAGLE DR. | 6.3 STREET ADDRESS | 1340 Bald Eagle Dr. |
| CITY-ST-ZIP | NAPLES FL 33942 | 6.4 CITY-ST-ZIP | Naples, FL 33942 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Jolene Switzer* Jolene Switzer 813-394-8691
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
2/20/95 (Signature 1 Year #)