

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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, FLORID A**



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

3. Date Incorporated or Qualified **03/15/1962** 3a. Date of Last Report **03/02/1995**  
4. FEI Number **59-0932856** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
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 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent; and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SWITZER, JOLENE</b>	
STREET ADDRESS	<b>188 TAHITI CIRCLE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NELSON, KENNETH</b>	
STREET ADDRESS	<b>1625 THIRS ST., SOUTH</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HIRST, BARBARA</b>	
STREET ADDRESS	<b>P.O. BOX 1042 N/A</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GLATT, JOANNE</b>	
STREET ADDRESS	<b>515 WILDWOOD LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SWITZER, DAVID</b>	
STREET ADDRESS	<b>188 TAHITI CIR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FESS, SUZANNE</b>	
STREET ADDRESS	<b>1340 BALD EAGLE DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JUAN SHRYAK</b>	
1.3 STREET ADDRESS	<b>386 EMERALD BAY CIR</b>	
1.4 CITY-ST-ZIP	<b>NAPLES FL 33940</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KONNETH BEMIS</b>	
2.3 STREET ADDRESS	<b>15221 STORRINGTON PL</b>	
2.4 CITY-ST-ZIP	<b>NAPLES FL 33940</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MALCOLM DAVIS</b>	
3.3 STREET ADDRESS	<b>4112 WILLOWHEAD WAY</b>	
3.4 CITY-ST-ZIP	<b>NAPLES FL 33940</b>	
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	<b>S</b>	<input checked="" 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 do hereby certify that the information supplied with this filing 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 officer 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: \_\_\_\_\_ DATE: **2/1/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)