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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 703729

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FIRST CHURCH OF CHRIST SCIENTIST, NAPLES, FLORID

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Principal Place of Business Mailing Address				T PARTIY ORDYL BOYDD HILLI TORID HIÇID H			
649 CENTRAL AVE 649 CENTRAL NAPLES FL 33940 NAPLES FL 33							
					Date Incorporated or Qualified	3a. Date of Last	Report
					03/15/1962	03/02/	•
<b>_</b>	lace of Business	2a. Mailing Addres	ss		4. FEI Number		Applied For
21		26			59-0932856	<del></del>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, €	etc.		5. Certificate of Status Desired	□ \$8.7 <b>5</b>	5 Additional
City & State	е	City & State		<del></del>		Fee	Required
23		28			6. Election Campaign Financing		May Be
Zip	Country	Zip	Countr	v	most raild Contribution	Adde	d to Fees
24	25	29	30	,	This corporation has liability for intal     Florida Statutes	ngible tax under s. Yes 🛣 No	. 199.032,
	9. Name and Address o	f Current Registered Agent		7	10. Name and Address of New Regi		
			81	Name			
SWITZE	r, jolene		B2	Street A	ddress (P.O. Box Number is Not Acceptable)		
649 CENTRAL AVENUE				<u> </u>	COURT TO CONTRIBUTION IS NOT ACCEPTABLE)		
NAPLES	S FL 33940		83	<b>3</b> [	1		
			84	City		85 Zi	p Code
11 Durament	to the manifest of Dataset	2.7.0500		'			•
or register	to the provisions of Sections b red agent, or both, in the State	317.0502 and 617.1508, Florida S e of Florida. Such change was au	Statutes, the above- uthorized by the corr	named com	poration submits this statement for the purpos pard of directors. I hereby accept the appoint	e of changing its r	egistered office
		of Section 617 0503 Florida St	tatutes	DO: 01.00.1 C E.	out of officiors. Thereby accept the appoint	nen as registered	ragent, ram
familiar wit	th, and accept the obligations	on boston bill todos, i foliad de					
SIGNATURE _							
SIGNATURE _	Signature, typed or printed name of regis	stered agent and title if applicable	(NOTE: Registered Age	ent signature rech		DATE	NDC IN 10
SIGNATURE _	Signature, typed or printed name of regis	stered agent and title if applicable ERS AND DIRECTORS	(NOTE: Registered Age		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
SIGNATURE _ 12. Tüle	Signature, typed or printed name of regis OFFIC	stered agent and title if applicable	(NOTE: Registered Age		ADDITIONS/CHANGES TO OFFICE D JUDAN SHRYAK		DRS IN 12
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if applicable ERS AND DIRECTORS	(NOTE Registered Age 13.  TE 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICE D JUDAN SHRYAK	RS AND DIRECTO	
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SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/1/96
Dale Daytime Prione #

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