

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 09 1998 8:00am
 Secretary of State

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

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|---|---|
| Principal Place of Business 649 CENTRAL AVE NAPLES FL 34102 | Mailing Address 649 CENTRAL AVE NAPLES FL 34102 |
|---|---|

3. Date Incorporated or Qualified
03/15/1962

| | | |
|------------------------------------|---|---|
| 4. FEI Number 59-0932856 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 34102 | Country 25 |
| Zip 29 34102 | Country 30 |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

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

10. Name and Address of New Registered Agent

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|---|
| 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE Chairman | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SHRYAK, JEAN | | 1.2 NAME Robert Gimlin | |
| STREET ADDRESS 386 EMERALD BAY CR | | 1.3 STREET ADDRESS 822 Rue de Ville | |
| CITY-ST-ZIP NAPLES FL | | 1.4 CITY-ST-ZIP Naples, FL 34108 | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BEAMS, KENNETH | | 2.2 NAME | |
| STREET ADDRESS 15221 STORRINGTON PL | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP NAPLES FL | | 2.4 CITY-ST-ZIP | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE Vice-Chairman | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DAVIS, MALCOLM | | 3.2 NAME Marilyn Davis | |
| STREET ADDRESS 4112 WILLOWHEAD WAY | | 3.3 STREET ADDRESS 4112 Willowhead Way | |
| CITY-ST-ZIP NAPLES FL | | 3.4 CITY-ST-ZIP Naples, FL 34108 | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GLATT, JOANNE | | 4.2 NAME Katherine Hole | |
| STREET ADDRESS 515 WILDWOOD LANE | | 4.3 STREET ADDRESS 3303 Gin Lane | |
| CITY-ST-ZIP NAPLES FL | | 4.4 CITY-ST-ZIP Naples, FL 34102 | |
| TITLE S | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SWITZER, DAVID | | 5.2 NAME Carl Schlemmer | |
| STREET ADDRESS 188 TAHITI CIR | | 5.3 STREET ADDRESS 1255 Gulf Shore Blvd. N. | |
| CITY-ST-ZIP NAPLES FL | | 5.4 CITY-ST-ZIP Naples, FL 34105 | |
| 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 | |

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: Robert Gimlin **Robert Gimlin** 7/3/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CR2E037 (5/98)