Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90066 006 ****61.25

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703729

1. Corporation Name

FIRST CHURCH OF CHRIST SCIENTIST, NAPLES, FLORID

Principal Place of Business

2. Principal Place of Business

Mailing Address

649 CENTRAL AVE NAPLES FL 34102 649 CENTRAL AVE NAPLES FL 34102

2a. Mailing Address

US

Pd!	# 441 5
	#61.23

3. Date incorporated or Qualifed

21		26			03/15/1962				
Suite, Apt.	. #; etc.	Suite, Apt. #, etc.			4. FEI Number Applied For				
22		27			59-0932856		No	t Applicable	
 , '	City & State City & State				5. Certificate of Status Desired \$8.75 Addition				
23	28				Fee R			quired	
Zip	Country	Zip Country			6. Election Campaign Financing \$5.00 May Be				
24	25 29 30				Trust Fund Contribution Added to Fees				
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New R	(egistere <u>a A</u>	gent		
	مه بر د د د								
SWITZER, JOLENE				Street Addr	ess (P.O. Box Number is Not Accepta	ible)			
	649 CENTRAL AVENUE				83				
NAPLES I	FL 33940 _.		55						
						FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617 1508 Florida Statutes	the above	-named com	gration submits this statement for the		hanging its	registered	
office or i	registered agent, or both, in the State of	Florida, Such change was auth	horized by t	the corporation	on's board of directors. I hereby accep	t the appoint	ment as re	gistered	
=	am familiar with, and accept the obligation	ons or, Section 617.0503, Florid	ia statutes.			•			
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE R	egistered Agent	signature required	d when reinstating)	DATE		···	
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	
TITLE 🐉	C	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME .	GIMLIN, ROBERT		1.2 NAME	-	·				
STREET ADDRESS	822 RUE DE VILLE		1.3 STREET	ADDRESS				,	
CITY-ST-ZIP	NAPLES FL 34108		1.4 CITY-ST	-ZIP				Ì	
TITLE	D	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	BEMIS, KENNETH		2.2 NAME	İ					
STREET ADDRESS	15221 STORRINGTON PL		2.3 STREET	ADDRESS					
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST	- ZIP					
TITLE	VC	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	DAVIS, MARILYN		3.2 NAME					}	
STREET ADORESS	4112 WILLOWHEAD WAY		3.3 STREET	ADDRESS	• •				
CITY-ST-ZIP	NAPLES FL 34108		3.4. CITY- ST	-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME	HOLE, KATHERINE		4.2 NAME					-	
STREET ADDRESS			4.3 STREET	ADORESS				İ	
CITY-ST-ZIP	NAPLES FL 34102		4.4 CITY-ST	ZIP					
TITLE	D	DELETE	5.1 TITLE				☐ Change	Addition	
NAME	SCHLEMMER, CARL		5.2 NAME						
STREET ADDRESS	(,555 555 55		5.3 STREET	ADDRESS				ļ	
CITY-ST-ZIP	NAPLES FL 34105		5.4 CITY-ST	ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME	[6.2 NAME						
STREET ADDRESS	· · ·		6.3 STREET	ADDRESS					
CITY OT 710			64 CITY, ST.	710				ſ	

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, with all other like empowered.

SIGNATURE:

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1/6/97 Date

262-1570 Daytime Phone # :R2E037 (11/98)