

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90102 041 ****61.25

DOCUMENT # 703729

1. Entity Name

FIRST CHURCH OF CHRIST SCIENTIST, NAPLES, FLORID

Principal Place of Business

Mailing Address

649 CENTRAL AVE
 NAPLES FL 34102
 US

649 CENTRAL AVE
 NAPLES FL 34102-6026
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0932856

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWITZER, JOLENE
649 CENTRAL AVENUE
NAPLES FL 33940

Name *Jolene Switzer*
 Street Address (P.O. Box Number is Not Acceptable) *188 Tahiti Circle*
Naples
 City **FL** Zip Code **34113**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Jolene Switzer* *Jolene Switzer* *4/3/00*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	GIMLIN, ROBERT	
STREET ADDRESS	822 RUE DE VILLE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REMS, KENNETH	
STREET ADDRESS	15221 STORRINGTON PL	
CITY-ST-ZIP	NAPLES FL	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MARILYN	
STREET ADDRESS	4112 WILLOWHEAD WAY	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VC	<input type="checkbox"/> Delete
NAME	HOLE, KATHERINE	
STREET ADDRESS	3303 GIN LANE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLEMMER, CARL	
STREET ADDRESS	1255 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Jones	
STREET ADDRESS	855 Ketch Drive	
CITY-ST-ZIP	Naples, FL. 34103	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Moore	
STREET ADDRESS	1255 Gulf Shore Blvd N. #7N	
CITY-ST-ZIP	Naples, FL. 34103	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Pyecroft	
STREET ADDRESS	716 Provincetown Dr.	
CITY-ST-ZIP	Naples, FL. 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred Jones* **RENEE B. JONES** *4/5/00* **941-262-1510**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)