


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00-AM
Secretary of State

DOCUMENT # 703729 1. Entity Name FIRST CHURCH OF CHRIST SCIENTIST, NAPLES, FLORIDA	
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Principal Place of Business 649 CENTRAL AVE NAPLES, FL 34102 US	Mailing Address 649 CENTRAL AVE NAPLES, FL 34102 US
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 59-0932856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SWITZER, JOLENE 188 TAHITI CIRCLE NAPLES, FL 34113

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jolene Switzer Jolene Switzer 1/23/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBROUGH, BUD 2510 HICKORY BLVD #A410 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SWITZER, JOLENE 188 TAHITI CIR NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARONSON, MARY 23620 PEPPERMILL CT. BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITTERMAN, EVELYN 54 TURQUOISE AVE. NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOYER, KATHERINE 7425 PELICAN BLVD #304 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000200170
01/28/05-80018-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jolene Switzer Jolene Switzer 1/23/05 239-262-1510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #