

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90002 010 ****61.25

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DOCUMENT # 703729					
1. Entity Name FIRST CHURCH OF CHRIST SCIENTIST, NAPLES, FLORIDA					
Principal Place of Business 649 CENTRAL AVE NAPLES, FL 34102 US			Mailing Address 649 CENTRAL AVE NAPLES, FL 34102 US		
2. Principal Place of Business <i>SAME #1</i>		3. Mailing Address <i>SAME #1</i>			
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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWITZER, JOLENE 188 TAHITI CIRCLE NAPLES, FL 34113			7. Name and Address of New Registered Agent Name <i>MRS. EVELYN BITTERMAN</i> Street Address (P.O. Box Number is Not Acceptable) <i>54 TURQUOISE AVE</i> City <i>NAPLES</i> FL Zip Code <i>34114</i>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	EXECUTIVE BOARD CHAIRMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBROUGH, BUD		NAME	MRS. EVELYN BITTERMAN	
STREET ADDRESS	2510 HILKORY BLVD #A410		STREET ADDRESS	54 TURQUOISE AVE.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	EXECUTIVE BOARD VICE CHAIRMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWITZER, JOLENE		NAME	MRS. BARBARA HIRST	
STREET ADDRESS	188 TAHITI CIR		STREET ADDRESS	5243 SYCAMORE DRIVE	
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONSON, MARY		NAME	MRS. MARY ARONSON	
STREET ADDRESS	23620 PEPPERMILL CT.		STREET ADDRESS	23620 PEPPERMILL COURT	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITTERMAN, EVELYN		NAME	MRS KATHERINE HOLF	
STREET ADDRESS	54 TURQUOISE AVE.		STREET ADDRESS	3303 GIN LAKE	
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER, KATHERINE		NAME	MRS. GERALYN FILL	
STREET ADDRESS	7425 PELICAN BLVD #304		STREET ADDRESS	14779 INDIGO LAKES	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	NAPLES, FL 34119	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Evelyn Bitterman</i>			Date: <i>7-2-06</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		