


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90016 048 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SWITZER, JOLENE 54 TURQUOISE AVE NAPLES, FL 34114			7. Name and Address of New Registered Agent Name KENNEDY, CHRISTINE H. Street Address (P.O. Box Number is Not Acceptable) 344 PINO PALM DR. City NAPLES FL Zip Code 34104		
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. <div style="text-align: right; margin-right: 100px;"> CHRISTINE H. KENNEDY </div> SIGNATURE: <u><i>Christine Kennedy</i></u> CLERK <u>2/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EBC BITTERMAN, EVELYN MRS 54 TURQUOISE AVE NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T JONES, FRED I. 855 KETCH DR #204 NAPLES, FL 34103
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EBVC HIRST, BARBARA MRS 5243 SYCAMORE DR NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLATT, JOANN 2 GOLF COTTAGE DR NAPLES, FL 34105
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITTERMAN, EVELYN 54 TURQUOISE AVE. NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EBC
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FILL, GERALYN 14779 INDIGO LAKES NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EBC
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITTERMAN, EVELYN 54 TURQUOISE AVE. NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EBC
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
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: <u><i>Evelyn Bitterman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>239-793-8202</u> <small>Daytime Phone #</small>	

40027827



02222007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0932856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWITZER, JOLENE
54 TURQUOISE AVE
NAPLES, FL 34114

Name
KENNEDY, CHRISTINE H.
Street Address (P.O. Box Number is Not Acceptable)
344 PINO PALM DR.

City
NAPLES FL Zip Code
34104

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.

CHRISTINE H. KENNEDY

SIGNATURE: Christine Kennedy CLERK 2/25/07
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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
EBC
BITTERMAN, EVELYN MRS
54 TURQUOISE AVE
NAPLES, FL 34114

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/T
JONES, FRED I.
855 KETCH DR #204
NAPLES, FL 34103

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EBVC
HIRST, BARBARA MRS
5243 SYCAMORE DR
NAPLES, FL 34119

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARONSON, MARY
23620 PEPPERMILL CT.
BONITA SPRINGS, FL 34134

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GLATT, JOANN
2 GOLF COTTAGE DR
NAPLES, FL 34105

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
D
BITTERMAN, EVELYN
54 TURQUOISE AVE.
NAPLES, FL 34114

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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FILL, GERALYN
14779 INDIGO LAKES
NAPLES, FL 34119

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SIGNATURE: Evelyn Bitterman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 239-793-8202
Daytime Phone #