

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703729

FILED
Apr 13, 2009
Secretary of State

Entity Name: FIRST CHURCH OF CHRIST SCIENTIST, NAPLES, FLORIDA

Current Principal Place of Business:

649 CENTRAL AVE
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

649 CENTRAL AVE
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-0932856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, CHRISTINE H
344 PINDO PALM DR
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

FILL, GERI K
14779 INDIGO LAKES CIRCLE
NAPLES, FL 34119 US

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: GERI K FILL

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: JONES, FRED I
Address: 855 KETCH DR., 204
City-St-Zip: NAPLES, FL 34103

Title: EBVC () Delete
Name: KENNEDY, DAVID C MR
Address: 344 PINDO PALM DR
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: MAGGIO, SARAH MRS
Address: 14789 FRIPP ISLAND COURT
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: DAVIS, MARILYN
Address: 2838 MIZZEN WAY
City-St-Zip: NAPLES, FL 34109

Title: EBC (X) Delete
Name: FILL, GERALYN
Address: 14779 INDIGO LAKES
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EBVC (X) Change () Addition
Name: MAGGIO, SARAH MRS
Address: 14789 FRIPP ISLAND COURT
City-St-Zip: NAPLES, FL 34119

Title: D (X) Change () Addition
Name: FLUCKE, ANN R MS
Address: 3400 GULF SHORE BLVD. N, #L5
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED I. JONES

DT

04/13/2009

Electronic Signature of Signing Officer or Director

Date