

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 17, 2003 8:00 am
Secretary of State

0014658

DOCUMENT # **703729**

1. Entity Name
**FIRST CHURCH OF CHRIST SCIENTIST, NAPLES, FLORID
A**



07-17-2003 90030 011 ****61.25

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
Suite, Apt. #, etc.

3. Mailing Address
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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWITZER, JOLENE
188 TAHITI CIRCLE
NAPLES FL 34113**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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* DATE 7/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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 **C** Delete
NAME **JONES, FRED**
STREET ADDRESS **855 KETCH DRIVE**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** Change Addition
NAME **Bud Kimbrough**
STREET ADDRESS **2010 Hickory Blvd #A410**
CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **D** Delete
NAME **MOORE, BARBARA**
STREET ADDRESS **1255 GULF SHORE BLVD N # 7N**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** Change Addition
NAME **Jolene Switzer**
STREET ADDRESS **188 Tahiti Cir.**
CITY-ST-ZIP **Naples, FL 34113**

TITLE **VC** Delete
NAME **HARRISON, JOHN**
STREET ADDRESS **11666 QUAIL VILLAGE WAY**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **D** Change Addition
NAME **Judith Watson**
STREET ADDRESS **1911 Fifth St. So.**
CITY-ST-ZIP **Naples, FL 34102**

TITLE **D** Delete
NAME **PYECROFT, FRED**
STREET ADDRESS **716 PROVINCETOWN DR**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE Change Addition

TITLE **D VC** Delete
NAME **COOLIDGE, MEREDITH**
STREET ADDRESS **4611 CRAYTON ROAD**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE Change Addition

TITLE **C** Delete
NAME **Boyer, Katherine**
STREET ADDRESS **7425 Pelican Blvd. #304**
CITY-ST-ZIP **Naples, FL 34103**

TITLE Change Addition

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: *Jolene Switzer* SIGNATURE REQUIRED *Jolene Switzer* 239-394-8691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)