

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709341

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** COVENANT PRESBYTERIAN CHURCH OF NAPLES, INC.

**Current Principal Place of Business:**

6926 TRAIL BLVD.  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

6926 TRAIL BLVD.  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 59-1098689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOLLER, HARRIETTE M  
365 SEAGROVE LANE  
201  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TREA ( ) Delete  
Name: CASPERSEN, NORMAN H  
Address: 1772 WINDING OAKS WAY  
City-St-Zip: NAPLES, FL 34109 04

Title: PRES ( ) Delete  
Name: LUND, RALPH  
Address: 4801 ISLAND POND CT. #402  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP ( ) Delete  
Name: COMELLA, TOM  
Address: 3117 SUNDANCE CIRCLE  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: HARRIETTE NOLLER

RA

01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date