

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714277

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: ST. JOHN'S EPISCOPAL CHURCH OF NAPLES, INC.

**Current Principal Place of Business:**

500 PARK SHORE DRIVE  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

500 PARK SHORE DRIVE  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 59-2153759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GEROY, KAY  
646 ANCHOR RODE DR  
NAPLES, FL 34103 US

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

DAVIES, CHRIS  
5290 CHERRY WOOD DR.  
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: CHRIS DAVIES

02/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: DUROSS, JULIA  
Address: 8099 SAN VISTA CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: MIMNAGH, GEORGE  
Address: 385 HARBOR DR APT 210  
City-St-Zip: NAPLES, FL 34103

Title: PD ( ) Delete  
Name: GEROY, KAY  
Address: 646 ANCHOR RODE DR  
City-St-Zip: NAPLES, FL 34103

Title: T ( ) Delete  
Name: DONENIE, JOHN  
Address: 749 BENTWATER CIRCLE #201  
City-St-Zip: NAPLES, FL 34108

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

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

Title: D (X) Change ( ) Addition  
Name: JOHNSON, MICHAEL  
Address: 385 ROBIN HOOD DR. #102  
City-St-Zip: NAPLES, FL 34108

Title: PD (X) Change ( ) Addition  
Name: DAVIES, CHRIS  
Address: 5290 CHERRY WOOD DR.  
City-St-Zip: NAPLES, FL 34119

Title: T (X) Change ( ) Addition  
Name: DOMENIE, JOHN  
Address: 749 BENTWATER CIRCLE #201  
City-St-Zip: NAPLES, FL 34108

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: JOHN DOMENIE

T

02/06/2009

Electronic Signature of Signing Officer or Director

Date