## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#714318** 

FILED Jan 04, 2005 Secretary of State

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

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3901 DA\ NAPLES,	/IS BLVD FL 34104				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3901 DA\ NAPLES,	/IS BLVD FL 34104				
FEI Numbe	r: 59-1971540	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
3901 DANNAPLES,	FL 34104	US	e purpose of changing its registere	ed office or registered agent, or both,	
SIGNATL					
01011/110		onic Signature of Registered A	gent	 Date	
		-	<del>-</del>		
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	D ( MCGRAIN, WI 3291 BOCA C	) Delete ILLIAM IEGA DR	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D ( MCGRAIN, WI 3291 BOCA C NAPLES, FL:  PD ( DAMROSCH, 707 BRIARWO	) Delete ILLIAM IEGA DR 34112 ) Delete THOMAS DOD BLVD	Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	D ( MCGRAIN, WI 3291 BOCA C NAPLES, FL:  PD ( DAMROSCH, 707 BRIARWK NAPLES, FL:  S ( MCGRAIN, AD 3291 BOCA C	) Delete ILLIAM IEGA DR 34112  ) Delete THOMAS DOD BLVD 34104  ) Delete DRIENNE	Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	D ( MCGRAIN, WI 3291 BOCA C NAPLES, FL:  PD ( DAMROSCH, 707 BRIARWO NAPLES, FL:  S ( MCGRAIN, AD 3291 BOCA C NAPLES, FL:	) Delete ILLIAM PIEGA DR 34112  ) Delete THOMAS DOD BLVD 34104  ) Delete PRIENNE PIEGA DRIVE 34112  ) Delete E PLACE	Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS DAMROSCH REV. 01/04/2005