

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714318

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

3901 DAVIS BLVD
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

3901 DAVIS BLVD
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-1971540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE REVEREND TARA MCGRAW
3901 DAVIS BLVD
NAPLES, FL 34104 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: D () Delete
Name: GEORGE, JUDY WARDEN
Address: 176 SABAL LAKE DR
City-St-Zip: NAPLES, FL 34104 US

Title: PD () Delete
Name: MCGRAW, TARA PRIEST
Address: 1611 MUREX LANE
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: KENNEDY, MARION L CLERK
Address: 431 GLADES BLVD
City-St-Zip: NAPLES, FL 34112 US

Title: T () Delete
Name: NIND, CHRIS
Address: 2174 ANCHORAGE LN
City-St-Zip: NAPLES, FL 34104 US

Title: D () Delete
Name: THORN, BEVERLY WARDEN
Address: 7820 SANDPINE CT. 4
City-St-Zip: NAPLES, FL 34104 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. (X) Change () Addition
Name: MCLEAN, CATHY WARDEN
Address: 7882 NAPLES HERITAGE DR.
City-St-Zip: NAPLES, FL 34112 US

Title: REV (X) Change () Addition
Name: MCGRAW, TARA PRIEST
Address: 1611 MUREX LANE
City-St-Zip: NAPLES, FL 34102

Title: MRS. (X) Change () Addition
Name: WHITEMAN, BEVERLY S
Address: 240 COUNTRYSIDE DR.
City-St-Zip: NAPLES, FL 34104 US

Title: MRS. (X) Change () Addition
Name: CONNELLY, LINDA T
Address: 4024 LUPINE LN.
City-St-Zip: NAPLES, FL 34112 US

Title: MRS. (X) Change () Addition
Name: THORN, BEVERLY D
Address: 7820 SANDPINE CT. #4
City-St-Zip: NAPLES, FL 34104 US

Title: MR. () Change (X) Addition
Name: KLING, WILLIAM D
Address: 3630 CEDAR HAMMOCK CT.
City-St-Zip: NAPLES, FL 34112

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: TARA L. MCGRAW

REV

04/24/2009

Electronic Signature of Signing Officer or Director

Date