

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90016 016 ****61.25

DOCUMENT # 714851

1. Entity Name
**THE NORTH NAPLES UNITED METHODIST CHURCH,
INC.**



Principal Place of Business
**6000 GOODLETTE RD
NAPLES, FL 34109 US**

Mailing Address
**6000 GOODLETTE RD
NAPLES, FL 34109 US**



02122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1383829

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MENZIES, ROBERT G ESQ
ROETZEL & ANDRESS
850 PARK SHORE DRIVE
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TR GUSTASON, RONALD 651 KETCH DR. NAPLES, FL 34103 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VC BARBER, DON 27790 RIVERWALK WAY BONITA SPRINGS, FL 34134 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST KRIER, ELIZABETH 4840 WHISPERING PINE WAY NAPLES, FL 34103 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VC HULTMAN, WALLY 6855 SAN MARINO DR APT 207 NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | C SAMPSON, JOHN 4451 GULF SHORE BLVD N #1701 NAPLES, FL 34103 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | EP ANTLE, BRUCE R 5110 SEASHELL AVE NAPLES, FL 34103 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2008
Date

Daytime Phone # _____