2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Mar 18, 2009 **DOCUMENT#714851** Secretary of State

Entity Name: THE NORTH NAPLES UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 6000 GOODLETTE RD NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 6000 GOODLETTE RD NAPLES, FL 34109 FEI Number: 59-1383829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MENZIES, ROBERT G ESQ **ROETZEL & ANDRESS** 850 PARK SHORE DRIVE NAPLES, FL 34103 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GUSTASON, RONALD Name: Name: 651 KETCH DR. Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: CCC Title: () Delete () Change () Addition DOLCE, MARY Name: Name: Address: 60 SEAGATE DRIVE #1503 Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: () Delete Title: () Change () Addition LANCASTER, JENNIFER Name: Name: 7719 AHOY AVENUE Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: CSP Title: () Change () Addition () Delete Name: UNGER, TIM Name: 9186 HOLLOW PINE DRIVE Address: Address: City-St-Zip: NAPLES, FL 34135 City-St-Zip: Title: CSF () Delete Title: () Change () Addition GRAFSTROM, BILL Name: Name: 717 WOODHAVEN LANE Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: (X) Change () Addition ANTLE, BRUCE R BARBER, DONALD Name: Name: Address: 5110 SEASHELL AVE Address: 27790 RIVERWALK WAY NAPLES, FL 34103 BONITA SPRINGS, FL 34134 City-St-Zip: 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: RONALD GUSTASON TR 03/18/2009