# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2008**
**Secretary of State**

DOCUMENT# 722848

**Entity Name:** BEREAN BAPTIST CHURCH OF NAPLES, FLORIDA, INC.

**Current Principal Place of Business:**

1851 COUNTY BARN RD.
NAPLES, FL 34112 US

**New Principal Place of Business:**

**Current Mailing Address:**

1851 COUNTY BARN RD.
NAPLES, FL 34112 US

**New Mailing Address:**

**FEI Number: 59-2357178** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CONWAY, BENNETT
1220 CHELMSFORD CT
NAPLES, FL 34104 US

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

AREY, DAVID C TREAS.
360 CHARLEMAGNE BLVD.
APT. D102
NAPLES, FL 34112 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: DAVID C. AREY 03/13/2008
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete
Name: BENNETT, CONWAY
Address: 1220 CHELMSFORD CT
City-St-Zip: NAPLES, FL 34104

Title: CDO ( ) Delete
Name: WILLIAMS, KENNETH
Address: 990 PARTRIDGE CIR
City-St-Zip: NAPLES, FL 34104

Title: S ( ) Delete
Name: RASMUSSEN, ELLIE
Address: #1 CANNES DR.
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: AREY, DAVID
Address: 360 CHARLEMAGNE BLVD.
City-St-Zip: NAPLES, FL 34112

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

Title: CDO (X) Change ( ) Addition
Name: BENNETT, CONWAY
Address: 1220 CHELMSFORD CT
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change ( ) Addition
Name: STANLEY, EMIG
Address: 5050
City-St-Zip: TEAK WOOD, FL 34119

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

Title: D (X) Change ( ) Addition
Name: AREY, DAVID C
Address: 360 CHARLEMAGNE BLVD.
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: DAVID C. AREY TRE 03/13/2008
Electronic Signature of Signing Officer or Director Date