


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-31-2008 90002 049 ****61.25

DOCUMENT # 729776					
1. Entity Name THE LELY PRESBYTERIAN CHURCH, INC.					
Principal Place of Business 110 ST ANDREWS BLVD NAPLES, FL 34113		Mailing Address 110 ST ANDREWS BLVD NAPLES, FL 34113			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2001178	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For Not Applicable		03102008 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YOUNG, PAUL F 110 ST. ANDREWS BLVD NAPLES, FL 34113			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 <i>Paul F. Young</i> Paul F. Young			DATE 03/28/2008		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE GARMO, RICHARD		NAME	ROBERT KLUTTZ	
STREET ADDRESS	935 NEW WATERFORD DR		STREET ADDRESS	8503 BENT CREEK WAY	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS JOANNE		NAME	JUNE CHAMBERS	
STREET ADDRESS	940 CARDINAL ST		STREET ADDRESS	372 CHARLEMAGNE BLVD, B-104	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, PAUL F		NAME		
STREET ADDRESS	4145 LAKEWOOD BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIER, MAX		NAME		
STREET ADDRESS	459 HENLEY DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JOANN		NAME		
STREET ADDRESS	5064 CASTLE PARK WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 life empowered.					
SIGNATURE: <i>Max Meier Secretary</i>			Date: 3/26/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		
MAX MEIER					

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