2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90264 022 ****61.25

DOCUMENT # 730249

1. Entity Name
NAPLES UNITED CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
5200 CRAYTON ROAD NAPLES, FL 34103 US	5200 CRAYTON ROAD NAPLES, FL 34103 US

01202005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1555020 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SVOBODA, BRIT
1901 FAIRFAX CIRCLE
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C MULLER, ART DR. 602 SHORELINE DRIVE NAPLES, FL 34119 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Adams, David 842 Charlemagne Blvd Naples, FL 34112 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SVOBODA, BRIT 1901 FAIRFAX CIRCLE NAPLES, FL 34109 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROESE, PAUL 1930 WINDING OAKS WAY NAPLES, FL 34109 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VINING, BETTY 6360 PELICAN BAY BLVD #201-C NAPLES, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M MCGEE, PATRICIA 346 HAWSER LANE NAPLES, FL 34102 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBICHAUD, MARGARET 6910 HUNTINGTON LAKES CIRCLE # 101 NAPLES, FL 34119 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #