FILED Feb 12, 2007 8:00 am Secretary of State

ZUU /	NOT-FOR-PROFIT CORPORATIO	N
	ANNUAL REPORT	

1. Entity Nam	MENT # 730249 UNITED CHURCH OF CHRI	ST, INC.)2-12-2007 90076 032	: ****61.25				
Principal Place 5200 CRAYTO NAPLES, FL	ON ROAD	Mailing Address 5200 CRAYTON ROAE NAPLES, FL 34103	US	4001		'I BITII BIBIGDI BI ITBI				
2. Principal Place of Business - No P.O. Box # 3. Mailing Ad										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01192007 Ch	g-NP CR2E037 (1	2/06)				
City & State	е	City & State		4. FEI Number 59-155502	0	Applied For Not Applicable				
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required						
-	6. Name and Address of Current R	egistered Agent	N	7. Name and Address of New Registered Agent						
	FAX CIRCLE		Street Ad	Name Paul Roes Le Street Address (P.O. Box Number is Not Acceptable)						
NAPLES, F	FL 34109		<u> </u>	133 W. 70. 75	winding ochs way					
			City	Vc alex	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 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, 2007		ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check pa Florida Departme	, ,				
10.	OFFICERS AND DIRE	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECT	TORS IN 10				
TITLE NAME	C MCBEE, PATRICIA	☐ Delete	TITLE NAME	meGee, Petri		Change				
STREET ADDRESS 346 HAWSER LANE CITY-ST-ZIP NAPLES, FL 34102			STREET ADORESS CITY-ST-ZIP	116066'1614	C. C					
TITLE	Т	Delete	TITLE	T	₩	Change				
NAME STREET ADDRESS	SVOBODA, BRIT 1901 FAIRFAX CIRCLE	•	NAME CYPET ADDOCES	Paul Roese						
CITY-ST-ZIP NAPLES, FL 34109			STREET ADDRESS CITY-ST-ZIP	Negles, FL	2 24124 C.2					
TITLE NAME	T ROESE, PAUL	☐ Delete	TITLE	Charles Har	uscomb &	Change				
STREET ADDRESS	1930 WINDING OAKS WAY		NAME Street address	253 colonade	Circle					
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	Negles, FL	34103					
TITLE NAME	S VINING, BETTY	☐ Delete	TITLE			Change				
STREET ADDRESS	6T360 PELICAN BAY BLVD #201-	-C	NAME Street address							
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP			ļ				
TITLE NAME	M BOSWELL, ELIZABETH	☐ Delete	TITLE			Change				
STREET ADORESS	705 BELVILLE BLVD.		NAME Street address							
CITY-ST-ZIP	NAPLES, FL 34104		CITY-SI-ZIP							
TITLE NAME	T ROBICHAUD, MARGARET	☐ Delete	TITLE			Change Addition				
	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	CLE # 101	NAME Street address							
STREET ADDRESS	6910 HUNTINGTON LAKES CIRC									
STREET ADDRESS CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the cor		this filing does not qualify true and accurate and that wered to execute this repo	for the exemptions co my signature shall her rt as required by Cha	ave the camp local offect as i	mada undar aath, that I am a	(C				
STREET ADDRESS CITY-ST-ZIP 12. I hereby a indicated of the cor changed,	NAPLES, FL 34119 certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empoyers.	this filing does not qualify true and accurate and that wered to execute this repoint all other like empowere	for the exemptions co my signature shall her rt as required by Cha	ave the same fegal effect as i pter 617, Florida Statutes; an	mada undar aath, that I am a	n officer or director ock 10 or Block 11 if				