

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730249

FILED
Feb 04, 2009
Secretary of State

Entity Name: NAPLES UNITED CHURCH OF CHRIST, INC.

Current Principal Place of Business:

5200 CRAYTON ROAD
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

5200 CRAYTON ROAD
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-1555020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROESE, PAUL
1930 WINDING OAKD WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

ROESE, PAUL
1930 WINDING OAKS WAY
NAPLES, FL 34109 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:

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MCGEE, PATRICIA
Address: 346 HAWSER LANE
City-St-Zip: NAPLES, FL 34102

Title: T () Delete
Name: ROESE, PAUL
Address: 1930 WINDING OAKS WAY
City-St-Zip: NAPLES, FL 34109

Title: AT () Delete
Name: HANSOMS, CHARLES
Address: 203 COLONADE CIRCLE
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: VINING, BETTY
Address: 6T360 PELICAN BAY BLVD #201-C
City-St-Zip: NAPLES, FL

Title: M () Delete
Name: WEMPLE, BILL
Address: 135 010 TRAIL DRIVE
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: BOSWELL, BETTY
Address: 705 BELVILLE BLVD
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: AT (X) Change () Addition
Name: HANSCOMB, CHARLES
Address: 203 COLONADE CIRCLE
City-St-Zip: NAPLES, FL 34103

Title: S (X) Change () Addition
Name: VINING, BETTY
Address: 6360 PELICAN BAY BLVD #201-C
City-St-Zip: NAPLES, FL 34108

Title: M (X) Change () Addition
Name: WEMPLE, BILL
Address: 735 OLD TRAIL DRIVE
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
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: SHARON K MAGIERA

F

02/04/2009

Electronic Signature of Signing Officer or Director

Date