


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

06-09-2005 90001 027 \*\*\*\*61.25

<b>DOCUMENT # 758937</b> 1. Entity Name <b>THE UNITARIAN UNIVERSALIST CONGREGATION OF GREATER NAPLES, INC.</b>					
Principal Place of Business <b>6340 10TH AVE SW NAPLES, FL 34116 US</b>			Mailing Address <b>6340 10TH AVE SW NAPLES, FL 34116 US</b>		
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 <b>59-2726389</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BARNES, BARBARA 6928 BURNT SIENNA CR. NAPLES, FL 34109</b>				7. Name and Address of New Registered Agent Name <b>BROWN SANDRA</b> Street Address (P.O. Box Number is Not Acceptable) <b>975 FOUNTAIN RUN</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34119</b>	
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>Sandra Brown</i> <b>SANDRA BROWN</b> <i>6/06/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GRIFFITH, KATI</b> <b>27280 LAKEWAY COURT</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>MAITLAND-SMITH, BRIAN</b> <b>9090 SOMERSET LANE</b> <b>BONITA SPRINGS, FL 34135</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KOTLAN, GEORGE</b> <b>1308 MAINSAIL #912</b> <b>NAPLES, FL 34114</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF <b>BARNES, BARBARA</b> <b>6928 BURNT SIENNA CR.</b> <b>NAPLES, FL 34109</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BARNES, BARBARA</b> <b>6928 BURNT SIENNA CR</b> <b>NAPLES FL 34109</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>ERICKSON, CARL</b> <b>543 97TH AVE N</b> <b>NAPLES, FL 34108</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ERICKSON, CARL</b> <b>543 97TH AVE N</b> <b>NAPLES FL 34108</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BROWN, SANDRA</b> <b>975 FOUNTAIN RUN</b> <b>NAPLES, FL 34119</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BROWN, SANDRA</b> <b>975 FOUNTAIN RUN</b> <b>NAPLES, FL 34119</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <i>Sandra Brown</i> <b>SANDRA BROWN</b> <i>6/6/05</i> <b>239-348-1128</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					