

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 758937

1. Entity Name
**THE UNITARIAN UNIVERSALIST CONGREGATION OF
GREATER NAPLES, INC.**



Principal Place of Business

**6340 NAPA WOODS WAY
NAPLES, FL 34116 US**

Mailing Address

**6340 NAPA WOODS WAY
NAPLES, FL 34116 US**



04242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2726389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NOTTURNO, KENNETH C
10960 LONGSHORE WAY
NAPLES, FL 34119**

**DO NOT WRITE
IN THIS SPACE**

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] **TREASURER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000937883
05/27/08-80067-022 61.25**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, ROGER A
STREET ADDRESS	975 FOUNTAIN RUN
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	V
NAME	BATTY, MARYSIA
STREET ADDRESS	1020 MINGO DR
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	S
NAME	FAIRBANKS, MARCIA
STREET ADDRESS	15415 CEDARWOOD LANE #105
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	T
NAME	NOTTURNO, KENNETH C
STREET ADDRESS	10960 LONGSHORE WAY
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	LOONEY, MARION G
STREET ADDRESS	28211 ALFRED MOORE CT
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

[Signature] **TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/08 239-784-4296

Date

Daytime Phone #