


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90003 017 ****70.00

DOCUMENT # 766705 1. Entity Name NAPLES CHURCH OF RELIGIOUS SCIENCE, INC.					
Principal Place of Business PO BOX 110185 NAPLES, FL 34108-0185			Mailing Address PO BOX 110185 NAPLES, FL 34108-0185		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2337696	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BURNS, MELANIE 141 CYPRESS WAY E APT E NAPLES, FL 34110			7. Name and Address of New Registered Agent Name Burns, Melanie Street Address (P.O. Box Number is Not Acceptable) 141 Cypress Way East Apt E City Naples FL Zip Code 34110		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DT BURNS, MELANIE <input type="checkbox"/> Delete 141 CYPRESS WAY APT E NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENKINS, SALLY <input checked="" type="checkbox"/> Delete 15161 CEDARWOOD LA., #1301 NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lauren Taran to <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2145 Cay Lagoon Dr. #324 Naples, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEIST, JOYCE <input type="checkbox"/> Delete 916 EGRETS RUN #204 NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECO, GUILLERMO <input checked="" type="checkbox"/> Delete 300 E. 56 ST NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Susan Canipelle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 579 15th Ave. South Naples, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Patricia Van Essen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 27262 Johnson St Bonita Springs, FL 34135	
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.					
SIGNATURE: <i>Melanie Burns</i> Melanie Burns 8/4/04 (239) 263 8720 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					