
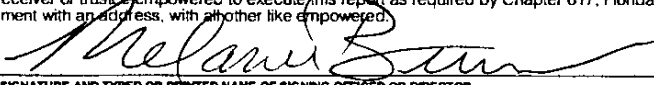


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90074 011 ****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 - No P.O. Box # 5051 Castello Dr		3. Mailing Address Suite, Apt. #, etc.			
City & State Naples, FL		City & State			
Zip 34103		Country USA		4. FEI Number 59-2337696	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BURNS, MELANIE 141 CYPRESS WAY EAST 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) 7530 Bristol Circle City Naples FL Zip Code 34120	
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 May 1, 2007		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 141 CYPRESS WAY APT E NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TARANTO, MIKE 5639 LAGO VILLAGIO WAY NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEIST, JOYCE 916 EGRETS RUN #204 NAPLES, FL 34108	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMILTON, HOLLY 132 BELINA DR #6 NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONDERO, GEORGE 7945 PRESERVE CIRCLE #538 NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Valentine Dimitri 162 Pebble Shore Dr. #203 Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 	<input type="checkbox"/> Delete			
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 another like empowered.					
SIGNATURE:				3/29/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	