-2004 UNIFORM BUSINESS REPORT (UBR)

DÖCUMENT # N0000003427 1. Entity Name										
THE TH	EOLOGICAL CENTER IN NAI	PLES, INC.				820970 Not Applicable Attention of Status Desired \$8.75 Additional Fee Required Address of New Registered Agent Address of Not Acceptable FL Zip Code				
Principal Plac	e of Business	Mailing Address			1					
6000 GOODLETTE FRANK ROAD 5811 PELICAN BAY NAPLES FL 34109 SUITE 206A NAPLES FL 34109			DEA			1 CORNING BY TONI BOTH COME BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH				
Principal Place of Business 3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc. Suite 201			1	DO NOT WRITE	IN THIS SPAC	DE .		
City & State		City & State			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Zip Country		Zip	Country				□ \$8. Fee	75 Addi Required	tional	
	6. Name and Address of Current	Registered Agent	-		7. Name and	Address of New Re	gistered Agen	it		
				Name						
AUSTIN, ARLENE F				Street Address (P.O. Box Number is Not Acceptable)						
5811 PELICAN BAY BLVD.				Suite	201					
SUITE 206A NAPLES FL 34108			Γ	City			FL	Zip Code	1	
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered	office or registe	ered agent, or bot	h, in the state of Flori	da.			
SIGNATURE	Signature, update printed name of registared agent FILE NOW: FEE IS \$61.25	9. Election Campaign I Trust Fund Contribu	Financing		OO May Be				<u></u>	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CH/	ANGES TO OFFICER	S AND DIREC	TORS IN	10	
TIFLE	Pres /T	☐ Delete	TITLE							
NAME	Susan W. Diamond		NAME							
STREET ADDRESS	1789 Mandarin Roa	ađ	STREET	ADORESS T. 7IP						
CITY-ST-ZIP	Naples, FL 34102	☐ Delete	TITLE	-		· 		Change	☐ Addition	
TITLE CE.	VP/T		NAME							
STREET ADDRESS	Michael R. Harper			ADORESS						
CITY-ST-ZIP	-350 -7th-Street-No	orth—	CITY-S	T-ZIP						
TITLE	Naples, FL 34102 Sec/T	□ Defete —	TITLE				U	Change	∐ Addition	
NAME -	Lisa Lefkow		name Street	ADDRESS			•			
CITY-ST-ZIP	1490 Nottingham I	Orive	CITY-S	T-21P	_					
TITLE	Naples, FL 34109	☐ Delete	TITLE					Change	Addition	
NAME	Tres/T		NAME	ADDRESS						
STREET ADDRESS CITY-ST-ZIP	John Campbell 9535 Chelford Cou	1 5 L	CITY-S							
TITLE	Naples, FL 34109	Delete	TITLE	<u> </u>	_ 			Change	- Addition	
NAME			NAME							
STREET ADORESS			1	ADORESS						
CITY-ST-ZIP			CITY-S	1- LIF			<u> </u>	Change	Addition	
TITLE		☐ Delete	TITLE NAME	İ			نا	ORNA		
NAME STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			спу-s	T-ZIP						
	·									
12. I hereby	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp	this filing does not qualify for t	the exem	ption stated in S	ection 119.07(3)(i), Florida Statutes. I I	urther certify that I am er	nat the ini	formation or director	