

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90067 045 \*\*\*\*61.25

**DOCUMENT # N00000003427**

1. Entity Name

**THE THEOLOGICAL CENTER IN NAPLES, INC.**

Principal Place of Business

Mailing Address

6000 GOODLETTE FRANK ROAD  
 NAPLES FL 34109

5811 PELICAN BAY BLVD.  
 SUITE 201  
 NAPLES FL 34109

2. Principal Place of Business

**5200 CRAYTON RD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

4. FEI Number

**62-1820970**

Applied For

Not Applicable

Zip

Country

**34103**

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUSTIN, ARLENE F**  
**5811 PELICAN BAY BLVD.**  
**SUITE 201**  
**NAPLES FL 34108**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/25/02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT** ☐ Delete  
 NAME **DIAMOND, SUSAN W**  
 STREET ADDRESS **1789 MANDARIN ROAD**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPT** ☐ Delete  
 NAME **HARPER, MICHAEL R**  
 STREET ADDRESS **350 7TH STREET NORTH**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST** ☒ Delete  
 NAME **LEFKOW, LISA**  
 STREET ADDRESS **1490 NOTTINGHAM DRIVE**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **ST** ☒ Change ☐ Addition  
 NAME **TIFFANY, JODY**  
 STREET ADDRESS **1301 SEVENTH ST. SOUTH, #204**  
 CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **TT** ☒ Delete  
 NAME **CAMPBELL, JOHN**  
 STREET ADDRESS **9535 CHELFORD COURT**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **TT** ☒ Change ☐ Addition  
 NAME **SHANEEN, JOSEPH**  
 STREET ADDRESS **2425 RIVERS RD**  
 CITY-ST-ZIP **NAPLES, FL 34120**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Feb 8/2002**

Date

**941-348-0828**

Daytime Phone #

CR2E037 (9/01)