


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28; 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N00000003427 1. Entity Name THE THEOLOGICAL CENTER IN NAPLES, INC. |  |
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| Principal Place of Business 3425 RIVERS ROAD NAPLES, FL 34120 US | Mailing Address 5811 PELICAN BAY BLVD. SUITE 201 NAPLES, FL 34108 |
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01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

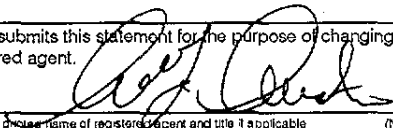
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| 4. FEI Number 62-1820970 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent AUSTIN, ARLENE F 5811 PELICAN BAY BLVD. SUITE 201 NAPLES, FL 34108 |
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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  DATE 01/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| TO: OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HARP, THOMAS REV 1225 PIPER DR NAPLES, FL 34109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT HARPER, MICHAEL R REV 350 7TH STREET NORTH NAPLES, FL 34102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST TIFFANY, JODY 1301 SEVENTH ST SOUTH #204 NAPLES, FL 34102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TT SHAHEEN, JOSEPH REV 2425 RIVERS ROAD NAPLES, FL 34120 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/28/05-80068-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Date Jan 18 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR