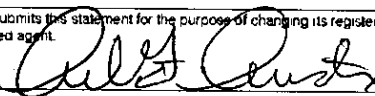
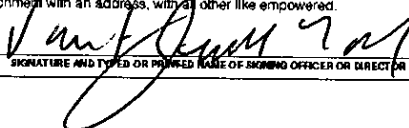


FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90114 021 ***61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003427		
1. Entity Name THE THEOLOGICAL CENTER IN NAPLES, INC.		
Principal Place of Business 5200 CRAYTON ROAD NAPLES, FL 34103 US		Mailing Address 5811 PELICAN BAY BLVD. SUITE 201 NAPLES, FL 34109
2. Principal Place of Business 330 GOOD LITTLE FRANK RA.		3. Mailing Address PO BOX 111194
Suite, Apt. #, etc. PO BOX 111194		Suite, Apt. #, etc.
City & State NAPLES FLA		City & State
Zip 34108 0120		Country
4. FEI Number 62-1820970		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AUSTIN, ARLENE F 5811 PELICAN BAY BLVD. SUITE 201 NAPLES, FL 34109		
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 03/04/03 Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent's signature required when submitting.)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$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		
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 or other like empowered.		
SIGNATURE:  DATE March 7/03 239-3480828 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

90048229



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)