2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010662

FILED Feb 04, 2007 Secretary of State

Entity Name: PEACE LUTHERAN CHURCH OF NAPLES, INC. **Current Principal Place of Business: New Principal Place of Business:** 14785 COLLIER BLVD. NAPLES, FL 34119 **Current Mailing Address: New Mailing Address:** 14785 COLLIER BLVD. NAPLES, FL 34119 FEI Number: 02-0733286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIEBICH, DENNIS J REV. 5010 KINGSTON WAY NAPLES, FL 34119 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CRAVEN, WILLIAM O'DONNELL, STEVE Name: Name: Address: 5867 CHARLTON WAY Address: 4535 12TH ST NE City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34120 Title: Title: (X) Change () Addition () Delete CHRISTINE, PAGANES L Name: Name: SCHEUMAN, CARL Address: 1999 GORDON RIVER LANE Address: 945 MOON LAKE CIR City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: (X) Change () Addition PATE, MARIA Name: PATE, MARIA Name: 14566 INDIGO LAKES CIR 14566 INDIGO LAKES CIR Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: () Change (X) Addition Name: Name: BECKER, DANA 4236 ST GEORGE LANE Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA L PATE O 02/04/2007