

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003678

FILED
Mar 21, 2007
Secretary of State

Entity Name: METROPOLITAN COMMUNITY CHURCH OF NAPLES, INC.

Current Principal Place of Business:

945 47TH AVE NE
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

PO BOX 2393
NAPLES, FL 34106

New Mailing Address:

FEI Number: 20-2946119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, SCOTT
2100 PAR DRIVE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: SOSBE, RICK
Address: 945 47TH AVE NE
City-St-Zip: NAPLES, FL 34120

Title: DT () Delete
Name: SPENCER, SCOTT
Address: 2100 PAR DRIVE
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: CHARRON, SUSAN
Address: 10737 MAUI CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: CASH, GAIL
Address: 4001 SANTA BARBARA BLVD
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: OWENS, BILL
Address: 6647 MANGROVE WAY
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: RAMPP, DAVID
Address: 13860 AVON PARK CIRCLE #102
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAUBRICH, SUSAN
Address: 3628 COTTAGE CLUB LANE
City-St-Zip: NAPLES, FL 34105

Title: D (X) Change () Addition
Name: DOWD, FRANK
Address: 7093 TIMBERLAND CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICK SOSBE

DP

03/21/2007

Electronic Signature of Signing Officer or Director

Date