

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004076

FILED
Feb 16, 2009
Secretary of State

Entity Name: THE NAPLES BIBLE STUDY FELLOWSHIP, INC

Current Principal Place of Business:

5567 TAYLOR ROAD
4
NAPLES, FL 34109

New Principal Place of Business:

1459 PINE RIDGE ROAD
NAPLES, FL 34109

Current Mailing Address:

250 COCOHATCHEE DRIVE
NAPLES, FL 34110

New Mailing Address:

FEI Number: 56-2655548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRONZINI, NAILA J MRS
5660 WAXMYRTLE WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

CHEEK, JON W MR
250 COCOHATCHEE DRIVE
NAPLES, FL 34110 US

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: JON W. CHEEK

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAZALGETTE, PAUL E DR.
Address: 4109 COVEY RUN
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: BRONZINI, MARCO N
Address: 5660 WAXMYRTLE WAY
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: BAZALGETTE, ALEATHA N
Address: 5660 WAXMYRTLE WAY
City-St-Zip: NAPLES, FL 34109

Title: TREA () Delete
Name: CHEEK, JON W
Address: 250 COCOHATCHEE DRIVE
City-St-Zip: NAPLES, FL 34110

Title: SEC () Delete
Name: PRICE, SCOTT
Address: 1301 SILVER SANDS AVE.
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: JON W. CHEEK

TREA

02/16/2009

Electronic Signature of Signing Officer or Director

Date