

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09749

FILED
Jan 25, 2007
Secretary of State

Entity Name: FAITH BIBLE CHURCH OF NAPLES, INC.

Current Principal Place of Business:

6464 IMMOKALEE ROAD
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

6464 IMMOKALEE RD
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 59-2646725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VITTE, MIKE MR.
1390 OAKS BLVD
NAPLES, FL 34119 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: VP () Delete
Name: NORDILUS, ROSMICK S MR.
Address: 3840 35TH AVENUE. NE
City-St-Zip: NAPLES, FL 34120

Title: PD () Delete
Name: VITTE, MIKE
Address: 1390 OAKS BLVD
City-St-Zip: NAPLES, FL 34119

Title: SD () Delete
Name: MARTIN, EDDIE
Address: 25490 FAIRWAY DUNES CT.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD () Delete
Name: BUELTEL, MITCH
Address: 14722 BEAUFORT CIRCLE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: MITCHELL, RYAN
Address: 1490 19TH STREET. S.W.
City-St-Zip: NAPLES, FL 34117

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: KENNETH H. HESS, JR

ASST

01/25/2007

Electronic Signature of Signing Officer or Director

Date