


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90038 042 ****61.25

DOCUMENT # N13283	
1. Entity Name FIRST CHRISTIAN CHURCH OF NAPLES (DISCIPLES OF CHRIST), INC.	

Principal Place of Business 1789 MANDARIN ROAD NAPLES, FL 34102 US	Mailing Address 1789 MANDARIN ROAD NAPLES, FL 34102 US
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DO NOT WRITE IN THIS SPACE



03212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0932855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GOODLETTE, J. DUDLEY
1789 MANDARIN ROAD
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CHEATHAM, GEORGE 21785 MASTERS CIRCLE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER REEDER 191 WESTWOOD DR NAPLES, FL 34110 <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CECERE, MARTHA 3260 W. CROWN POINTE BLVD. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, PAUL 3445 ROYAL WOOD BLVD NAPLES, FL 34112 <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROADHEAD, BART 27601-326A HACIENDA EAST BLVD. BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER</i> PHIL COX 4135 7th AVE SW NAPLES FL 34119

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: *[Signature]* **2/22/08 239-262-3924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #