FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N14658

(1)

NAPLES BAPTIST TEMPLE INC., OF NAPLES, FLORIDA

Principal Plac	e of Business	Mailing Address	Mailing Address			F FOR FILLING AND MARKET BANKS	i fair Biait Biatt Aibt	I BIBLI BIBLI BIBLE IDDE
5860 24TH AVENUE N.W. NAPLES FL 33999		5860 24TH AVENUE N.W Naples Fl 34119-1122	5860 24TH AVENUE N.W. NAPLES FL 34119-1122			·		
						3. Date Incorporated or Qualified 05/22/1986	3a. Date of 1	ast Report 6/1996
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 59-2759089		Applied For Not Applicable
		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip 24	Country 25	Zip 29	Countr 30	y 			Yes No	ider s. 199.032,
	9. Name and Address of Curre	ent Registered Agent		T NI		10. Name and Address of New Re	gistered Agent	
			61	Name			: :	
HOUSTON, LEE 5790 10TH AVE SW			62		Addres	ss (P.O. Box Number is Not Acceptat	ole)	
NAPLES	S FL 33999		83					
			84				FL 85	Zip Code
office or r	to the provisions of Sections 617.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was	authorized b	v the con	corpor	ration submits this statement for the p n's board of directors. I hereby accep	ourpose of changot the appointment	jing its registered int as registered
SIGNATURE								
	Signature, typed or printed name of registered ag		TE: Registered Ag	ent signature	required		DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	DT	☐ DELETE	1.1 TITLE		DT		☐ Ch	nange L Addition
NAME	TURNER, JAMES E.		1.2 NAME		I .	WHEELOCK		
STREET ADDRESS	109 KERTLAND DR.		1.3 STAEE	ADDRESS	586	O 24TH AVENUE, N. W.		
CITY-ST-ZIP	NAPLES FL		1.4 CITY -	ST-ZIP	NAP.	LES, FLORIDA 34119		
TITLE	DT	☐ DELETE	2 1 TOTLE				L Ch	ange L Addition
NAME	PRICE, HENRY A.		2.2 NAME					
STREET ADDRESS	2151 GULF SHORE BLVD. I	NE	23 STREE	T ADDRESS				
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-	ST-ZIP	ļ.,			
TITLE	PD	☐ DELETE	31 TITLE				[] Ch	ange Addition
NAME	MCGOWAN, I.E.		32 NAME					
STREET ADDRESS	5860 24TH AVE. N.W.		3.3 STREE	ADDRESS				
CITY-ST-ZIP	NAPLES FL		3.4. CITY-	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	4.1 TITLE		ļ		☐ Ch	ange 🔲 Addition
NAME			4. 2 NAME		, 1			
STREET ADDRESS			4.3 STREE	ADDRESS	Ì			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	5.1 TITLE				☐ Ch	ange Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Ch	ange Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
CHTY - ST - ZIP			6.4 CITY-1	ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OWAN

-6-97 941-

941-598-3523

FILED

Jan 17 1997 8:00am

Secretary of State

CR2E037 (9/96)