2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N14658 Feb 01, 2006 08:00 AM 1. Entity Name, 🔔 💂 **Secretary of State** NAPLES BAPTIST TEMPLE INC., OF NAPLES, **FLORIDA** Principal Place of Business Mailing Address 5860 AUTUMN OAKS LANE. 5860 AUTUMN OAKS LANE. NAPLES FL 3419-122 NAPLES FL 3419-122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2759089 Not Applicat Zip Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAWHON, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 27261 WISCONSIN ST **BONITA SPRINGS FL 34135** City Zio Code 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 access the obligations of registered agent SIGNATURE DATE Signature: typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) a and an expensive processing FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DT Change Add t THE ☐ Delete THEF TURNER, JAMES E. NAME NAME 5860 AUTUMN OAKS LANE STREET ADDRESS STREET ADDRESS NAPLES FL 34119 CITY-ST-ZIP CITY - ST-ZIP DT □Æ∷ TITLE ☐ Delete Dile ☐ Change WHEELOCK, KEN NAME MARKE 5860 AUTUMN OAKS LANE STREET ADDRESS STREET ADDRESS NAPLES FL 34119 CITY-ST-ZIP CITY-ST-782 TITLE ☐ <u>De</u>lete TITLE ☐ Chance T. Add MCGOWAN, I.E. MAME NAME 5860 AUTUMN OAKS LANE STREET ADDRESS STREET ADDRESS CITY - ST - 719 NAPLES FL 34119 CITY - ST-ZIP Ac. ☐ Delete TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-7IF TITLE ☐ Delete TITLE ☐ Change ☐ Ada NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HE Change □ Ait" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-3006 239-598-353