

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21055

FILED
Apr 07, 2009
Secretary of State

Entity Name: FAITH LUTHERAN CHURCH OF NAPLES, FLORIDA, INC.

Current Principal Place of Business:

4150 GOODLETTE RD N
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

4150 GOODLETTE RD NORTH
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2610472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEITZ, JAMES
NORTHERN TRUST BANK
4001 TAMiami TRAIL, NORTH
NAPLES, FL 34103 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: DP () Delete
Name: ARSENAULT, KEVIN
Address: 4725 11TH AVE. SW
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: HAZELETT, CRAIG
Address: 208 MONTEREY DRIVE
City-St-Zip: NAPLES, FL 34119

Title: SD () Delete
Name: PETERSON, ANDREA
Address: 3060 66TH STREET, S. W.
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: WEST, JAMES
Address: 8525 DANBURY BLVD., #103
City-St-Zip: NAPLES, FL 34120

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: O'HARA, NANCY
Address: 1619 NOTTINGHAM DRIVE
City-St-Zip: NAPLES, FL 34109

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: P ROY COUCH, TREASURER

D

04/07/2009

Electronic Signature of Signing Officer or Director

Date