

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22727

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: NORTH NAPLES BAPTIST CHURCH, INC.

## Current Principal Place of Business:

1811 OAKS BLV 33999  
NAPLES, FL 34119 US

## New Principal Place of Business:

1811 OAKS BLVD  
NAPLES, FL 34119 US

## Current Mailing Address:

1811 OAKS BLV 33999  
NAPLES, FL 34119 US

## New Mailing Address:

1811 OAKS BLVD  
NAPLES, FL 34119 US

FEI Number: 52-1546695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HELTON, GLENN  
1811 OAKS BLV 33999  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

HELTON, GLENN H PASTOR  
1811 OAKS BLVD  
NAPLES, FL 34119 US

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: GLENN H HELTON

04/28/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DT ( ) Delete  
Name: CAGLE, GENE  
Address: 15084 ROYAL FERN CT #1100  
City-St-Zip: NAPLES, FL 34110

Title: DT ( ) Delete  
Name: VOSS, ESTAL  
Address: 2408 MILLCREEK LANE #104  
City-St-Zip: NAPLES, FL 34119

Title: DT ( ) Delete  
Name: SINGLETON, JACK  
Address: 558 N 110TH AVE  
City-St-Zip: NAPLES, FL 34108

Title: T ( ) Delete  
Name: VENTRY, DIEDRA  
Address: 575 93RD AVE N  
City-St-Zip: NAPLES, FL 34108

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition  
Name: THORNTON, GLEN  
Address: 1261 TRAIL TERRACE DR  
City-St-Zip: NAPLES, FL 34103

Title: DT (X) Change ( ) Addition  
Name: COLDING, SAM  
Address: 659 10TH STREET N  
City-St-Zip: NAPLES, FL 34102

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

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 Section 119.07(3)(i), 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: DIEDRA VENTRY

T

04/28/2005

Electronic Signature of Signing Officer or Director

Date