


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90131 042 \*\*\*\*61.25

<b>DOCUMENT # N50017</b>	
1. Entity Name <b>FIRST PRESBYTERIAN CHURCH OF BONITA SPRINGS, INCORPORATED, PC (USA)</b>	

Principal Place of Business <b>9751 BONITA BEACH ROAD BONITA SPRINGS FL 34135 US</b>	Mailing Address <b>POST OFFICE BOX 2168 BONITA SPRINGS FL 34133 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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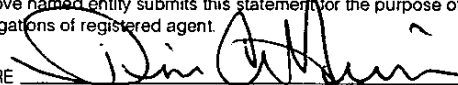


1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-1622501</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>HARRISON, DENNIS A <del>11000 LAKELAND CIRCLE FORT MYERS FL 33919</del></b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>8754 River Hones Lane #208</b> City <b>BONITA SPRINGS</b> FL Zip Code <b>34135</b>
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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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE <b>4/28/05</b>
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUGFORD, ALFRED 2214 IMPERIAL GOLF COURSE BLVD. NAPLES FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JOAN Lewis, Joan 28493 Highgate Drive Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHRECK, THOMAS 9050 LAS MADERAS LN 202 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHECTAG, HARVEY Schestag, Harvey 3310 Oak Hammock Court Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOYLE, RICHARD J 2599 RIVERBANK DRIVE BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORAWIETZ, ELLI 27446 POLLARD DRIVE BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GANDRUP, JOAN Gandrup, Joan 28625 Highgate Drive Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.
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SIGNATURE:  SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>4/28/05</b> Date	DAYTIME PHONE # <b>239-498-9551</b> Daytime Phone #
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