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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005290 (0)**

1. Corporation Name

**MAYFLOWER CONGREGATIONAL UNITED CHURCH OF CHRIST
INCORPORATED**

Principal Place of Business

Mailing Address

**10701 REGENT CIR
NAPLES FL 34109**

**163 SEABREEZE AVE
NAPLES FL 34101
US**

3. Date Incorporated or Qualified

11/07/1995

4. FEI Number

65-0177117

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 163 Seabreeze Ave.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

**23 City & State
Naples FL**

28 City & State

**24 Zip
34108**

Country

**29 Zip
34108**

Country

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STANLEY, JOHN F
2680 AIRPORT RD S
NAPLES FL 33962**

**81 Name
Holly A. Harmon**

**82 Street Address (P.O. Box Number is Not Acceptable)
4001 9th St N Suite 300**

83

**84 City
Naples**

**FL 85 Zip Code
34103**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/10/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **HANSEN, ERIC**
STREET ADDRESS **4385 PINE LAKE**
CITY-ST-ZIP **BONITA SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DS** ☒ DELETE
NAME **CAPPETTI, DIANA**
STREET ADDRESS **100 27TH ST. N.W.**
CITY-ST-ZIP **NAPLES FL 33984**

2.1 TITLE **Sec. DS** ☒ Change ☐ Addition
2.2 NAME **Bonnie Severs**
2.3 STREET ADDRESS **4759 25th Pl SW Apt A**
2.4 CITY-ST-ZIP **Naples, FL 34116**

TITLE **DT** ☒ DELETE
NAME **MORRISON, EDWARD G**
STREET ADDRESS **8487 RATTLESNAKE HMK RD**
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE **Thas DT** ☒ Change ☐ Addition
3.2 NAME **Robert S. Twiss**
3.3 STREET ADDRESS **4626 Lakewood Blvd**
3.4 CITY-ST-ZIP **Naples, FL 34112**

TITLE **DVP** ☒ DELETE
NAME **MUELLER, RICHARD**
STREET ADDRESS **704 CHARLEMAGNE BLVD**
CITY-ST-ZIP **NAPLES FL**

4.1 TITLE **YP DVP** ☒ Change ☐ Addition
4.2 NAME **Robert S. Twiss**
4.3 STREET ADDRESS **4626 Lakewood Blvd**
4.4 CITY-ST-ZIP **Naples, FL 34112**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert S. Twiss Robert S. Twiss

6/23/98 941-703-1270

CR2E037 (10/97)