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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005290**

1. Corporation Name

MAYFLOWER CONGREGATIONAL UNITED CHURCH OF CHRIST INCORPORATED

Principal Place of Business	Mailing Address
163 SEABREEZE AVE NAPLES FL 34108 US	163 SEABREEZE AVE NAPLES FL 34108 US

2. Principal Place of Business 21	2a. Mailing Address 26 PO BOX 11133	3. Date Incorporated or Qualifed 11/07/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0177117 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 NAPLES FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 34101-1133 30 COLLIER	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARMON, HOLLY A.
4001 9TH ST N
STE 300
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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. am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DT	☐ Change ☒ Addition
NAME	HANSEN, ERIC		1.2 NAME	APPLEGATE, JAMES B.	
STREET ADDRESS	4385 PINE LAKE		1.3 STREET ADDRESS	8305 GINGER LILY COURT	
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEVERS, BONNIE		2.2 NAME		
STREET ADDRESS	4759 25TH PLACE SW APT A		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34116		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE	DP	☒ Change ☐ Addition
NAME	TWISS, ROBERT S.		3.2 NAME	TWISS, ROBERT S.	
STREET ADDRESS	4626 LAKEWOOD BLVD		3.3 STREET ADDRESS	4626 LAKEWOOD BLVD	
CITY-ST-ZIP	NAPLES FL 34112		3.4 CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	DVP	☒ DELETE	4.1 TITLE	DVP	☐ Change ☒ Addition
NAME	TWISS, ROBERT S.		4.2 NAME	BRADLEY, LARRY	
STREET ADDRESS	4626 LAKEWOOD BLVD		4.3 STREET ADDRESS	1582 FOXFIRE LANE	
CITY-ST-ZIP	NAPLES FL 34112		4.4 CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with a like empowered.

SIGNATURE: [illegible] SR VICE PRESIDENT/TREASURER 26 April 1999 (941) 793-6629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #