2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90004 005 ****61.25

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DOCUMENT # N95000005290

1. Entity Name

MAYFLOWER CONGREGATIONAL UNITED CHURCH OF CHRIST

Principal Place of Business	Mailing Address
2900 COUNTRY BARN RD NAPLES FL 34112 US	P O BOX 11133 NAPLES FL 34101-1133 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0177117 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARMON, HOLLY A. 4001 9TH ST N STE 300 NAPLES FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SEVERS, BONNIE 4759 25TH PLACE SW APT A NAPLES FL 34116	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KRISTA DAVIS 4371 ISTAVE S.W. NAPLES, FL 34119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTP BRADLEY, LARRY 1582 FOX FIRE LANE NAPLES FL 34104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTP DEANNA MORROW 8055 TIGER COVE #601 NAPLES, FL. 34113	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GOLDSMITH, FERN 4941 CORTEZ CIR NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP APPLEGATE, JAMES 8305 GINGER WLY CT NAPLES FL 34113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BETH BEATTY 194 OAKWOOD DR. NAPLES, FL. 34110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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.

SIGNATURE: Fern Goldsmith FERN GOLDSMITH 4901 941-775-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #