2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004
Secretary of State

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Entity Name: MAYFLOWER CONGREGATIONAL UNITED CHURCH OF CHRIST INCORPORATED

Current Principal Place of Business:

2900 COUNTRY BARN RD
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 11133
NAPLES, FL 341011133 US

New Mailing Address:

FEI Number: 65-0177117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOWNSEND, ROBERT E
163 SEABREEZE AVE.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: DAVIS, KRISTA
Address: 4371 1ST AVE. S.W.
City-St-Zip: NAPLES, FL 34119

Title: DT ( ) Delete
Name: BEATTY, BETH
Address: 194 OAKWOOD DR.
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: HILL, WILLIAM W
Address: 5928 CRANBROOK WAY, D205
City-St-Zip: NAPLES, FL 34112

Title: DTP ( ) Delete
Name: D'AMICO, MICHAEL
Address: 175 LADY PALM DRIVE
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Delete
Name: FORD, BETTY
Address: 5501 BATTLESNAKE RD., #201
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: FORD, BETTY
Address: 5501 RATTLESNAKE RD. #201
City-St-Zip: NAPLES, FL 34112 US

Title: DT (X) Change ( ) Addition
Name: REIBER, ELAINE L
Address: 401 4TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102 US

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

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: ELAINE L REIBER DT 03/22/2004

Electronic Signature of Signing Officer or Director — Date