2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005290

Feb 15, 2007 Secretary of State

Entity Name: MAYFLOWER CONGREGATIONAL UNITED CHURCH OF CHRIST INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

2900 COUNTRY BARN RD NAPLES, FL 34112

Current Mailing Address: New Mailing Address:

P O BOX 11133 NAPLES, FL 341011133 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DS () Delete (X) Change () Addition JAROSKA, MICHAEL BENVIE, AMY Name: Name:

6803 WEATHERLY CT Address: 14109 VENTANAS COURT Address: City-St-Zip: NAPLES, FL 34104 US City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: () Delete Title: (X) Change () Addition REIBER, ELAINE L Name: STEVENS, BILL Name:

Address: 401 4TH AVENUE NORTH Address: 214 TORREY PINES POINT City-St-Zip: NAPLES, FL 34102 US City-St-Zip: NAPLES, FL 3413 US

Title: DS () Delete Title: (X) Change () Addition RIBINSKI, NINA RIBINSKI, NINA Name: Name:

5880 GREEN BLVD. Address: Address: 5880 GREEN BLVD. City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34116

Title: DT () Delete Title: (X) Change () Addition

ROWLAND, SHERYL ROWLAND, SHERYL Name: Name: 108 BORDEAUX CIRCLE 108 BORDEAUX CIRCLE Address: Address: City-St-Zip: NAPLES, FL 34112 US City-St-Zip: NAPLES, FL 34112 US

Title: DV () Delete Title: (X) Change () Addition

KRICHEL, JOSEPH DR KRICHEL, JOSEPH DR Name: Name: 7814 NAPLES HERITAGE DR 7814 NAPLES HERITAGE DR Address: Address: City-St-Zip: NAPLES, FL 34112 US City-St-Zip: NAPLES, FL 34112 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOSEPH KRICHEL DT 02/15/2007