

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005290

FILED
Feb 10, 2009
Secretary of State

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:

2900 COUNTY BARN RD
NAPLES, FL 34112 US

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: DS () Delete
Name: BENVIE, AMY
Address: 14109 VENTANAS COURT
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DV () Delete
Name: PRESTON, WILLIAM
Address: 110 16TH ST. NE
City-St-Zip: NAPLES, FL 34120 US

Title: DP () Delete
Name: RIBINSKI, NINA
Address: 5880 GREEN BLVD.
City-St-Zip: NAPLES, FL 34116

Title: DT () Delete
Name: CLIFFORD, MICHAEL
Address: 7320 COVENTRY CT. #728
City-St-Zip: NAPLES, FL 34104 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BENVIE, AMY
Address: 14109 VENTANAS COURT
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DV (X) Change () Addition
Name: WILKERSON, JAMES
Address: 4904 SEDGEWOOD LANE
City-St-Zip: NAPLES, FL 34112 US

Title: DS (X) Change () Addition
Name: SMITH, SHIRLEY
Address: 3913 FOREST GLEN #101
City-St-Zip: NAPLES, FL 34114

Title: DT (X) Change () Addition
Name: MICHAEL, CLIFFORD
Address: 7320 COVENTRY CT. #728
City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify 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: CLIFFORD MICHAEL

DT

02/10/2009

Electronic Signature of Signing Officer or Director

Date