

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90171 017 \*\*\*\*70.00

**DOCUMENT # N97000003388**

i. Entity Name

**NORTHEAST CHRISTIAN CHURCH OF NAPLES, FLORIDA, I**

Principal Place of Business

Mailing Address

**SOUTH AIRPORT ROAD  
 NAPLES FL 34104  
 US**

**5890 22ND AVE. NW  
 NAPLES FL 34119-1138**

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

**59-3452397**

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

Name

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

City

**FL**

Zip Code

**MURPHY, PAUL E  
 5890 22ND AVE. NW  
 NAPLES FL 34119**

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	Change	Addition
<input type="checkbox"/> Delete	D	MURPHY, PAUL E	5890 22ND AVE. NW NAPLES FL 34119		
<input type="checkbox"/> Delete	D	LONG, DARRIN J	779 104TH AVENUE NORTH NAPLES FL 34108		
<input checked="" type="checkbox"/> Delete	D	MEYER, ROBERT J	1240 POMPEI LANE NAPLES FL 34103		
<input type="checkbox"/> Delete	D	BONINE, ROBERT	3161 43rd St. S.W. NAPLES FL 34116		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

*[Signature]*

*2/7/2000*