

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11133

Entity Name: GRACE COMMUNITY CHURCH OF NAPLES, INC.**Current Principal Place of Business:**5524 19TH CT. SW
NAPLES, FL 34116**Current Mailing Address:**5524 19TH CT. SW
NAPLES, FL 34116**FEI Number:** 59-2585699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEAL, MICHAEL F
3590 23RD AVE S.W.
NAPLES, FL 34117 US*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:** MICHAEL F. BEAL

01/16/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MCINTYRE, ELLSWORTH E
Address 3590 23RD SW
City-State-Zip: NAPLES FL 34116

Title SD
Name MCINTYRE, P L
Address 3590 23RD AVE SW
City-State-Zip: NAPLES FL 34116

Title TD
Name HARRISON, F L
Address 4980 LE BUFF RD.
City-State-Zip: NAPLES FL 34114

Title MD
Name HARRISON, SAMUEL D
Address 4980 LE BUFF RD.
City-State-Zip: NAPLES FL 34114

Title MD
Name HARRISON, ROSEMARY
Address 4980 LE BUFF RD.
City-State-Zip: NAPLES FL 34114

Title MD
Name WALKER, JEREMY
Address 27606 WISCONSIN ST
City-State-Zip: BONITA SPRINGS FL 34135

Title MD
Name WALKER, ABIGAIL
Address 27606 WISCONSIN ST
City-State-Zip: BONITA SPRINGS FL 34135

Title MD
Name ADAMS, RACHEL
Address 2370 VERDMONT CT.
City-State-Zip: CAPE CORAL FL 33991

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I hereby 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 all other like empowered.

SIGNATURE: FAWN HARRISON**TREASURER**

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MD
Name HARRISON, GRACE
Address 4980 LE BUFF RD.
City-State-Zip: NAPLES FL 34114

Title MD
Name SLACK, AMY
Address 6865 FAIRVIEW ST.
City-State-Zip: FORT MYERS FL 33912

Title MD
Name HARRISON, WILLIAM
Address 4980 LE BUFF RD.
City-State-Zip: NAPLES FL 34114

Title AMD
Name HARRISON, FAITH L
Address 4980 LE BUFF RD.
City-State-Zip: NAPLES FL 34114

Title AMD
Name WALKER, LUKE I
Address 27606 WISCONSIN ST.
City-State-Zip: BONITA SPRINGS FL 34135

Title AMD
Name HARRISON, HOPE C
Address 4980 LE BUFF RD.
City-State-Zip: NAPLES FL 34114

Title MD
Name SLACK, AARON
Address 6865 FAIRVIEW ST.
City-State-Zip: FORT MYERS FL 33912

Title MD
Name LONG, PATRICIA
Address 3919 ORDNANCE RD.
City-State-Zip: LEHIGH ACRES FL 33971

Title MD
Name HALLIDAY, ROBERT B IV
Address 5492 19TH PL. S.W.
City-State-Zip: NAPLES FL 34116

Title AMD
Name WALKER, ETHAN J
Address 27606 WISCONSIN ST.
City-State-Zip: BONITA SPRINGS FL 34135

Title MD
Name LONG, CONRAD J
Address 3919 ORDNANCE RD.
City-State-Zip: LEHIGH ACRES FL 33971

Title AMD
Name SLACK, CALEB
Address 6865 FAIRVIEW ST.
City-State-Zip: FORT MYERS FL 33966