2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2016
Secretary of State
CC5112160460

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:

MCINTYRE, ELLSWORTH E.
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:

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	TD
Name	HARRISON, F L
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, ABIGAIL
Address	27606 WISCONSIN ST
City-State-Zip:	BONITA SPRINGS FL 34135

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

Title	MD
Name	HARRISON, SAMUEL D
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	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 TD 03/07/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	MD
Name	QUINTERO, GUSTAVO
Address	5492 19TH PL. S.W.
City-State-Zip:	NAPLES FL 34116

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