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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **706471** **(0)**

1. Corporation Name

THE CAPE CORAL FIRST UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
4118 CORONADO PKWY CAPE CORAL FL 33904	4118 CORONADO PKWY CAPE CORAL FL 33904-7308

3. Date Incorporated or Qualified: **11/26/1963**
3a. Date of Last Report: **02/19/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-1156201** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIEGEL, ARTHUR A.
1216 SW 12 TERRACE
CAPE CORAL 33991

10. Name and Address of New Registered Agent

81 Name: William F. Horner III
82 Street Address (P.O. Box Number is Not Acceptable): 4230 S.E. 20 Place #206
83:
84 City: Cape Coral **FL** 85 Zip Code: 33904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: William Horner — 2/27/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIEGEL, ARTHUR A.		1.2 NAME		
STREET ADDRESS	1216 SW 12 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HORNER, WILLIAM		2.2 NAME		
STREET ADDRESS	5230 SE 20 PLACE, #206		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	AMOS, BEVERLY		3.2 NAME	BIRCH, SHIRLEY	
STREET ADDRESS	712 SABUR CT		3.3 STREET ADDRESS	525 SW 52 St.	
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, DERK		4.2 NAME		
STREET ADDRESS	3607 SE 1ST AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, NORMA		5.2 NAME		
STREET ADDRESS	416 PINECREST CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, JAMES		6.2 NAME		
STREET ADDRESS	5362 COCOA CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Horner REQUIRED — 2/27/97 — (941) 542-4051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0055097