

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthart</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 706471 (0)**

1. Corporation Name  
**THE CAPE CORAL FIRST UNITED METHODIST CHURCH, INC.**



Principal Place of Business <b>4118 CORONADO PKWY CAPE CORAL FL 33904</b>	Mailing Address <b>4118 CORONADO PKWY CAPE CORAL FL 33904</b>
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3. Date Incorporated or Qualified  
**11/26/1963**

4. FEI Number <b>59-1156201</b>	Applied For Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HORNER, WILLIAM F III  
4230 S.W. 20TH PLACE., #206  
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name <b>Arthur A. Siegel Jr.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1216 SW 12 Terrace</b>
83 City <b>Cape Coral</b>
84 City <b>Cape Coral</b>
85 Zip Code <b>FL 33904</b>

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 *Arthur A. Siegel Jr.* DATE **3/9/98**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P SIEGEL, ARTHUR A.</b>	1.2 NAME	
STREET ADDRESS	<b>1216 SW 12 TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D HORNER, WILLIAM</b>	2.2 NAME	<b>Ernest F. Braun</b>
STREET ADDRESS	<b>5230 SE 20 PLACE, #206</b>	2.3 STREET ADDRESS	<b>3903 Palm Tree Blvd.</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	2.4 CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D BIRCH, SHIRLEY</b>	3.2 NAME	<b>Steven Santoro</b>
STREET ADDRESS	<b>525 S.W. 52ND ST-</b>	3.3 STREET ADDRESS	<b>7401 Bear Hollow Circle</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	3.4 CITY-ST-ZIP	<b>Fort Myers, FL 33912</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D MOORE, DEREK</b>	4.2 NAME	<b>Ruth Eleanor Coombs</b>
STREET ADDRESS	<b>3607 SE 1ST AVE</b>	4.3 STREET ADDRESS	<b>3006 SE 18 Avenue</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	4.4 CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MORRIS, NORMA</b>	5.2 NAME	
STREET ADDRESS	<b>416 PINECREST CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D BENNETT, JAMES</b>	6.2 NAME	<b>Frederick B. Cooley</b>
STREET ADDRESS	<b>5362 COCOA CT</b>	6.3 STREET ADDRESS	<b>324 SE 26 Street</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	6.4 CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>

14. 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 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 *Arthur A. Siegel Jr.*

CFR2E037 (10/97)