

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706471

1. Entity Name

THE CAPE CORAL FIRST UNITED METHODIST CHURCH, IN

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90018 039 ****61.25

Principal Place of Business

Mailing Address

4118 CORONADO PKWY
 CAPE CORAL FL 33904

4118 CORONADO PKWY
 CAPE CORAL FL 33904-7908



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1156201

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIEGEL, ARTHUR A. JR.
 1216 SW 12TH TERRACE
 CAPE CORAL FL 33904

Name

Frederick B. Cooley

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

324 SE 26 Street

City

Cape Coral

FL

Zip Code
 FL

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

Frederick B. Cooley

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	P	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, ARTHUR A.	
STREET ADDRESS	1216 SW 12 TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRAUN, ERNEST F.	
STREET ADDRESS	3903 PALM TREE BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTORO, STEVEN	
STREET ADDRESS	7401 BEAR HOLLOW CIRCLE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIELSEN, HOWARD E	
STREET ADDRESS	3125 SE 10TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSEBERRY, RICHARD	
STREET ADDRESS	5313 BAYSHORE AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALDIN, JANE S	
STREET ADDRESS	1741 BEACH PKWY #107	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frederick B. Cooley	
STREET ADDRESS	324 SE 26 Street	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. David Downing	
STREET ADDRESS	128 SE 4 Place	
CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Frederick B. Cooley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)