

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706471

1. Entity Name

THE CAPE CORAL FIRST UNITED METHODIST CHURCH, INC.

Principal Place of Business

4118 CORONADO PKWY
CAPE CORAL FL 33904

Mailing Address

4118 CORONADO PKWY
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1156201

Applied For

Not Applicable

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

COOLEY, FREDERICK B
324 SE 26 ST
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

February 14, 2002
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 NAME STREET ADDRESS CITY-ST-ZIP	P COOLEY, FREDERICK B 324 SE 26 ST CAPE CORAL FL 33904	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNING, J D 128 SE 4 PLACE CAPE CORAL FL 33990	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTORO, STEVEN 7401 BEAR HOLLOW CIRCLE FT. MYERS FL 33912	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIELSEN, HOWARD E 3125 SE 10TH AVE CAPE CORAL FL 33904	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEBERRY, RICHARD 5313 BAYSHORE AVE CAPE CORAL FL 33904	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDIN, JANE S 1741 BEACH PKWY #107 CAPE CORAL FL 33904	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

February 14, 2002 941/542-4051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

FILED

Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90056 021 ****61.25