

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706471

FILED
Jan 22, 2009
Secretary of State

Entity Name: THE CAPE CORAL FIRST UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

4118 CORONADO PKWY
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4118 CORONADO PKWY
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 59-1156201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORETTI, MIKE
3808 SE 10 PLACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARBRE, WILLIAM
Address: 1065 SW 57 ST.
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: DEEMS, PHIL
Address: 2804 DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: HOF, CLAIRE
Address: 4218 SE 20 PL. #D-1
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: SCHMIDT, CRAIG
Address: 3019 SE 5 CT.
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: MCQUEEN, TOM
Address: 1029 SE 36 TERR.
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: FRANK, MARILYN
Address: 1634 SE 39 TERRACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCGUEEN, TOM
Address: 1029 SE 36 TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PRICE, JAMI
Address: 443 NW 38 AVENUE
City-St-Zip: CAPE CORAL, FL 33993

Title: D (X) Change () Addition
Name: MANN, FRED
Address: 3901 SE 19 AVENUE
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MIKE MORETTI

OFFI

01/22/2009

Electronic Signature of Signing Officer or Director

Date