1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742626

1. Corporation Name

FIRST CHURCH OF GOD, INC. OF CAPE CORAL, FLORIDA

Principal Place of Business 2213 COUNTRY CLUB BLVD CAPE CORAL FL 33909 Mailing Address

2213 COUNTRY CLUB BLVD CAPE CORAL FL 33909

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90198 016 ****61.25



2. Principal Pl	ce of Business 2a. Mailing Address				3. Date Incorporated or Qualifed			
21	26				05/01/1978			
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number		lied For	
22	27				NOT APPLICABLE		Applicable	
City & State City & State					5. Certifcate of Status Desired	\$8.75 Ac		
Zip	Country Zip Cour				6. Election Campaign Financing	\$5.00 N	vlay Be	
24	25 29 30				Trust Fund Contribution Added to Fees			
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				Name				
Brown, Betsy				82 Street Address (P.O. Box Number is Not Acceptable)				
298 DILARD AVE.				Street Address (P.O. Box Nulliber is Not Acceptable)				
FT. MYERS FL 33908								
F1. MTERS FL 33900						11		
				City		L 85 Zip C		
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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
40	Signature, typed or printed name of registered agent a OFFICERS AND		13.	t signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
12.		DELETE	1,1 TITLE		7,557,101,101	Change	Addition	
TITLE	CD POLICE	- Deterie	1.2 NAME				_	
NAME	500aB10, 500a						1	
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ADDRESS	•			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change	Addition	
TITLE	_		2.1 TITLE			☐ Change		
NAME	Ditotiti, di anco		2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		Flor	T A JESS	
TITLE	SD	☐ DELETE 3.1 TI		_		☐ Change	Addition	
NAME	HOATH, BETTY 321		3.2 NAME	D	DANN, BETTY		[
STREET ADDRESS	1438 SE 13TH ST.		3.3 STREET	ADDRESS			•	
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-S	T-ZIP				
TITLE	T □ DELETE 4.1 T		4.1 TITLE			☐ Change	Addition	
NAME	BROWN, BETSY		4. 2 NAME					
STREET ADDRESS	298 DILLARD AVE.		4.3 STREE	TADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33908		4.4 CITY-S	T-ZIP			T Addition	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition [
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	1				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME		•	6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS]	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				

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, with all other like empowered.

SIGNATURE

SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BROWN

3-9-99

466-7202 Daytime Phone # PE037 (11/98)