

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742626

1. Entity 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 33990-2577

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BROWN, BETSY
298 DILLARD AVE. DILLARD
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

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)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOUGLAS, DOUG 1438 SE 31ST TERR CAPE CORAL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BROWN, JAMES 298 DILLARD AVE FT MYERS FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANN, BETTY 1438 SE 13TH ST. CAPE CORAL FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, BETSY 298 DILLARD AVE. FT. MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2000

Date

941-594-5271

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90092 026 ****61.25

CR2E037 (9/99)