

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90037 012 \*\*\*\*61.25

|                                                                                                                                                                                                                               |                                                                                         |                                                                                                                        |                                                                                                                                                                  |                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 742626</b><br>1. Entity Name<br><b>FIRST CHURCH OF GOD, INC. OF CAPE CORAL, FLORIDA</b>                                                                                                                         |                                                                                         |                                                                                                                        |                                                                                                                                                                  |   |  |
| Principal Place of Business<br><b>2213 COUNTRY CLUB BLVD<br/>CAPE CORAL, FL 33909</b>                                                                                                                                         |                                                                                         |                                                                                                                        | Mailing Address<br><b>2213 COUNTRY CLUB BLVD<br/>CAPE CORAL, FL 33909</b>                                                                                        |                                                                                    |  |
| 2. Principal Place of Business<br><b>2213 Country Club Blvd</b><br>Suite, Apt. #, etc.                                                                                                                                        |                                                                                         | 3. Mailing Address<br><b>2213 Country Club Blvd</b><br>Suite, Apt. #, etc.                                             |                                                                                                                                                                  |  |  |
| City & State<br><b>Cape Coral, FL</b><br>Zip Country<br><b>33990 USA</b>                                                                                                                                                      |                                                                                         | City & State<br><b>Cape Coral</b><br>Zip Country<br><b>33990 USA</b>                                                   |                                                                                                                                                                  | 4. FEI Number<br><b>NOT APPLICABLE</b>                                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                               |                                                                                         |                                                                                                                        |                                                                                                                                                                  | 02172004 Chg-NP CR2E037 (10/03)                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TOMER, FELICE<br/>929 ARCHER PKWY EAST<br/>CAPE CORAL, FL 33904</b>                                                                                                 |                                                                                         |                                                                                                                        | 7. Name and Address of New Registered Agent<br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. |                                                                                         |                                                                                                                        |                                                                                                                                                                  |                                                                                    |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                             |                                                                                         |                                                                                                                        |                                                                                                                                                                  |                                                                                    |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                           |                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                  | <b>Make check payable to<br/>Florida Department of State</b>                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                             |                                                                                         |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                     |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>CD<br/>PALMER, PHILIP CHAIRMA<br/>2222 SE 1ST STREET<br/>CAPE CORAL, FL 33990</b>    | <input type="checkbox"/> Delete                                                                                        |                                                                                                                                                                  |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>VCD<br/>ALEXANDER, FITZROY V-CHAIR<br/>1403 SAUTERN DR.<br/>CAPE CORAL, FL 33919</b> | <input type="checkbox"/> Delete                                                                                        |                                                                                                                                                                  |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>SD<br/>ALEXANDER, JOYCE SECRETA<br/>1403 SAUTERN DR<br/>FORT MYERS, FL 33919</b>     | <input type="checkbox"/> Delete                                                                                        |                                                                                                                                                                  |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>T<br/>TOMER, FELICE<br/>929 ARCHER PKWY EAST<br/>CAPE CORAL, FL 33904</b>            | <input type="checkbox"/> Delete                                                                                        |                                                                                                                                                                  |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                                                                                                  |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                         | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Felice H. Tomer Felice H. Tomer 3-31-04 239-997-8673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #