2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#742626

FILED Feb 02, 2009 Secretary of State

Entity Name: FIRST CHURCH OF GOD, INC. OF CAPE CORAL, FLORIDA

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	JNTRY CLUB DRAL, FL 3399				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	JNTRY CLUB I PRAL, FL 3399				
FEI Numbei	r: 05-0037246	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of	Current Registered Agent	: Name and Address	of New Registered Agent:	
1936 FOL CAPE CC The above	OS, DELIA S T JR MILE COVE DRAL, FL 3399 e named entity te of Florida.	EPKWY. 90 US	he purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	IRE:				
	Electro	nic Signature of Registered	Agent	Date	
			_		
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
OFFICER Title: Name: Address: City-St-Zip:	CD (PHILLIPS, BAI 3710 SE 21ST) Delete RRY CHAIRMA	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS () Change () Addition	
Title: Name: Address:	CD (PHILLIPS, BAI 3710 SE 21ST CAPE CORAL,) Delete RRY CHAIRMA TAVENUE , FL 33904 US) Delete TON V-CHAIR	Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	CD (PHILLIPS, BAI 3710 SE 21ST CAPE CORAL, VCD (JON, COVING P.O. BOX 671 MATLACHE, F SD (DARLENE, WE 4909 SW 18TH) Delete RRY CHAIRMA AVENUE , FL 33904 US) Delete TON V-CHAIR L 33993 US) Delete ELCH SECRETA	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	CD (PHILLIPS, BAI 3710 SE 21ST CAPE CORAL, VCD (JON, COVING P.O. BOX 671 MATLACHE, F SD (DARLENE, WE 4909 SW 18TH CAPE CORAL, TR (KEPOUROS, I 1936 FOUR M) Delete RRY CHAIRMA AVENUE , FL 33904 US) Delete TON V-CHAIR L 33993 US) Delete ELCH SECRETA H AVENUE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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: DELIA S. KEPOUROS TREA 02/02/2009