FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751540 (6)

1. Corporation Name
CORAL RIDGE BAPTIST CHURCH OF CAPE CORAL, INC.

Principal Place of Business	Mailing Address
1723 NE 6TH ST. CAPE CORAL FL 33909	1723 NE 6TH ST. CAPE CORAL FL 33909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1980
3a. Date of Last Report: 04/08/1994
4. FEI Number: 05-0013600 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SANDERS, DONALD E.
653 NE 15TH CT
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

01 Name	
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Deacon ☒ Change ☐ Addition
NAME	CARRAHER, JIM	1.2 NAME	Jack Campbell
STREET ADDRESS	17692 ACACIA DR	1.3 STREET ADDRESS	16890 Church Drive
CITY-ST-ZIP	NORTH FT MYERS FL	1.4 CITY-ST-ZIP	N. Ft. Myers, FL 33917
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DAUBENSPECK, KENNETH	2.2 NAME	
STREET ADDRESS	1113 SE 21ST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 0	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, CHARLES	3.2 NAME	
STREET ADDRESS	2118 SE 3RD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 0	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	NASH, MARY ELLEN	4.2 NAME	
STREET ADDRESS	1903 NE 5TH TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Donald E Sanders 2/14/95 813-574-2206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050560