

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

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CAPE CORAL FL 33909

3. Date Incorporated or Qualified
03/13/1980

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
-05-0013600-59-2468821

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

25

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 street address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **CAMPBELL, JACK**
STREET ADDRESS **16890 CHURCH DRIVE**
CITY-ST-ZIP **NORTH FT MYERS FL**

1.1 TITLE **Deacon/Trustee** ☐ Change ☒ Addition
1.2 NAME **Larry Wilson**
1.3 STREET ADDRESS **13630 Willow Bridge Drive**
1.4 CITY-ST-ZIP **N. Ft. Myers, FL 33903**

TITLE **D** ☐ DELETE
NAME **DAUBENSPECK, KENNETH**
STREET ADDRESS **1113 SE 21ST ST.**
CITY-ST-ZIP **CAPE CORAL, FL 0**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KNIGHT, CHARLES**
STREET ADDRESS **2118 SE 3RD ST.**
CITY-ST-ZIP **CAPE CORAL, FL 0**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **C** ☐ DELETE
NAME **NASH, MARY ELLEN**
STREET ADDRESS **1903 NE 5TH TERR.**
CITY-ST-ZIP **CAPE CORAL FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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, Pastor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

941-574-2206

Date

Daytime Phone #

CR2E037 (12/95)