## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

751540

(6)

CORAL RIDGE BAPTIST CHURCH OF CAPE CORAL, INC.						
Principal Place of Business Mailing Address						# 100515 COURT SHEET LIBER DELITE BENDET ON HE STAFF CHAIL BENDET CHAIL DENES OF SHEET
1723 NE 6TH ST. 1723 NE 6TH ST. CAPE CORAL FL 33909 CAPE CORAL FL 33909			909			3. Date Incorporated or Qualified 03/13/1980
						4. FEI Number Applied For S9-2468821 Not Applied by
2. Principal P	lace of Business	<del></del>	2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt,	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22 City & Stat	<u> </u>	City & State	City & State			Trust Fund Contribution LI Added to Fees
23		28	<del></del>			7. Is this nonprofit corporation a homeowners association?  Yes No
Zip	Country	Zip	<u> </u>	ountry	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Hegistered Agent		81	Name	10. Name and Address of New Registered Agent
CANDEL	RS, DONALD E			82		
	15TH CT				Street /	Address (P.O. Box Number is Not Acceptable)
CAPE C	ORAL FL 33909			83		•
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-r					-named	corporation submits this statement for the purpose of changing its registered
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 title if applicable	(NOTE: Reniste	red Age	ent skinnah ira	e required when reinstating) DATE
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DT	☐ DELE	E 1.1	TITLE		Change Addition
NAME	WILSON, LARRY		1,2	NAME	İ	
STREET ADDRESS 13630 WILLOW BRIDGE DRIVE		live	1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	N FT. MYERS FL		1,4	CITY-\$	T-ZIP	
TITLE	D	☐ DELE	Ë 2.1	TITLE		☐ Change ☐ Addition
NAME	DAUBENSPECK, KENNETH		2.2	NAME	İ	
STREET ADDRESS	1		2.3	2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 0		2.4	CITY-S	ST-ZIP	
TITLE	D	DELE	E 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-S	T-ZIP	
TITLE	C	DELET	E 4,1	TITLE		Change Addition
NAME	NASH, MARY ELLEN		4. 2	NAME	ŀ	
STREET ADDRESS	1903 NE 5TH TERR.		4.3	STREET	ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL			CITY-S	T-ZIP	
TIFLE		☐ DELET	E 5.1	TITLE		Change Addition
NAME			5.2	NAME	ļ	
STREET ADDRESS			5.3	STREET	ADDRESS	
CITY-ST-ZIP	<del> </del>			CITY-5	r-zip	
TITLE		DELET	E 6.1	TITLE		Change Addition
NAME			6.21	NAME		
CTREET ADODESS					1000550	1

14. Thereby 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 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 chapted or op an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

A EXAMPLE POPULATED Sanders

1-12-98

941-574-2206

**FILED** 

Feb 04 1998 8:00am

Secretary of State

CR2E037 (10/97