

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 # 757561 (6)

1. Corporation Name

CAPE CORAL ALLIANCE CHURCH OF THE CHRISTIAN AND
MISSIONARY ALLIANCE, INC.



Principal Place of Business

4307 SKYLINE BLVD
CAPE CORAL FL 33914-7539
US

Mailing Address

4307 SKYLINE BLVD
CAPE CORAL FL 33914-7539
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

04/14/1981

3a. Date of Last Report

05/25/1995

4. FEI Number

59-2392467

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

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

RICHEY, CLYDE E. (REV.)
4534 SW 6TH PLACE
CAPE CORAL FL 33914

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
TD
OLONOVICH, EDWARD
1805 SE 1ST TERRACE
CAPE CORAL FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
MILLER, CARL
101 NE 8TH PLACE
CAPE CORAL FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
D
W. DAVID ATKINS
5731 SW 9TH COURT
CAPE CORAL, FL 33914

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VD
HOGUE, THOMAS I
830 SW 48 TERR #1
CAPE CORAL FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
D
JOHN VITTOE
1202 LENOX COURT
CAPE CORAL, FL 33904

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PD
RICHEY, CLYDE E. (REV.)
4534 SW 6TH PLACE
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
SD
OLONOVICH, JUDY
1805 SE 1ST TERRACE
CAPE CORAL FL

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
D
SMITH, FREDERICK
4507 SW 7 AVE
CAPE CORAL FL

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:

Clyde E. Richey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96
Date

(941) 542-7844
Daytime Phone #

CR2E037 (12/95)