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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757561

1. Corporation Name

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

Principal Place of Business	Mailing Address
4307 SKYLINE BLVD CAPE CORAL FL 33914-7539 US	4307 SKYLINE BLVD CAPE CORAL FL 33914-7539 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/14/1981
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2392467 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

OLONOVICH, EDWARD
1805 SE 1ST TERRACE
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

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 _____ 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	TD	☐ DELETE	1.1 TITLE	C/D	☐ Change ☒ Addition
NAME	OLONOVICH, EDWARD		1.2 NAME	SUND, GREGORY P.	
STREET ADDRESS	1805 SE 1ST TERRACE		1.3 STREET ADDRESS	413 S.E. 19TH LANE	
CITY-ST-ZIP	CAPE CORAL FL 33990		1.4 CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	ATKINS, W D		2.2 NAME		
STREET ADDRESS	5731 SW 9TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	TR/D	☐ Change ☒ Addition
NAME	MILLER, CARL		3.2 NAME	IHRIG, HARVEY	
STREET ADDRESS	101 NE 8TH PLACE		3.3 STREET ADDRESS	1008 S.W. 54TH LANE	
CITY-ST-ZIP	CAPE CORAL FL 33991		3.4 CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SD	☒ DELETE	4.1 TITLE	S/D	☐ Change ☒ Addition
NAME	OLONOVICH, JUDY		4.2 NAME	WHITNEY, NORMA	
STREET ADDRESS	1805 SE 1ST TERRACE		4.3 STREET ADDRESS	2118 S.W. 11TH COURT	
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	SMITH, FREDERICK		5.2 NAME		
STREET ADDRESS	4507 SW 7 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (1.1/98)

14. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward J. Olonovich SIGNATURE REQUIRED 2-22-99 941-542-7844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #