2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757561

Name:

Address:

City-St-Zip:

FILED May 03, 2004 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 4307 SKYLINE BLVD CAPE CORAL, FL 339147539 US **Current Mailing Address: New Mailing Address:** 4307 SKYLINE BLVD CAPE CORAL, FL 339147539 US FEI Number: 59-2392467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ATKINS, WALTER D SUND, GREGORY P 923 SE 31ST LANE 2015 SE 8TH PL CAPE CORAL, FL 33904 US CAPE CORAL, FL 33990 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: GREGORY P. SUND 05/03/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SHELTON, JANET S Name: Name: 1429 SE 30TH TERR Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: TD Title: TD () Delete (X) Change () Addition CORWAY, JON Name: CONWAY, JON Name: Address: 923 SE 31ST LANE Address: 923 SE 31ST LANE City-St-Zip: CAPE CORAL, FL 339042939 City-St-Zip: CAPE CORAL, FL 339042939 Title: VD. () Delete Title: (X) Change () Addition IHRIG, HARVEY IHRIG, HARVEY Name: Name: 1008 SW 54TH LN 1008 SW 54TH LN Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: CAPE CORAL, FL 33914 (X) Change () Addition Title: () Delete Title: Name: RICKETTS, KEN Name: BLUETT, BRIAN Address: 5316 SW 8TH CT Address: 3231 SE SANTA BARBARA PL City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: () Change () Addition SUND, GREGORY P Name: Name: 413 SE 19TH LANE Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

KOZAR, JOE

3510 SE 2ND AVE CAPE CORAL, FL 33904

SIGNATURE: GREGORY P. SUND PD 05/03/2004