2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90321 048 ****61.25

DOCUMENT # 757561

1. Entity 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

40008803

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2392467 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATKINS, WALTER D 5731 SW 9TH COURT CAPE CORAL FL 33914	Name: Jon H. Conway Street Address (P.O. Box Number is Not Acceptable): 923 SE 31st Lane City: Cape Coral **FL** Zip Code: 33904

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: JON CONWAY Jon Conway TREASURER 4-23-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHELTON, JANET S 1429 SE 30TH TERR CAPE CORAL FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ATKINS, W D 5731 SW 9TH COURT CAPE CORAL FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Jon Conway 923 SE 31st Lane Cape Coral, Fl 33904-2939 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD IHRIG, HARVEY 1008 SW 54TH LN CAPE CORAL FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVEY, WILLIAM 1328 SW 25TH ST CAPE CORAL FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ken Ricketts 5316 SW 8th Court Cape Coral, Fl 33914 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SUND, GREGORY P 413 SE 19TH LANE CAPE CORAL FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jon Conway Jon Conway, Treasurer REQUIRED 4-23-03 542-7844