2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# N00000007987

Entity Name: CAPFA CAPITAL CORP.2000F

Current Principal Place of Business:

99 RIVERSIDE DR.
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

PO BOX 60674
FT MYERS, FL 33906 US

New Mailing Address:

FEI Number: 65-1057470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BENNETT, PHILIP C
3949 EVANS AVENUE, SUITE 402
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MCGEE, DAVE	
Address:	300 RAILROAD AVE.	
City-St-Zip:	MOORE HAVEN, FL 33471	
Title:	D	( ) Delete
Name:	ROBERTS, LAWRENCE	
Address:	403 AVE. SOUTH, P.O. BOX 12	
City-St-Zip:	MOORE HAVEN, FL 33471	
Title:	D	( ) Delete
Name:	AHERN, JOHN	
Address:	385 AVE L PO BOX 176	
City-St-Zip:	MOORE HAVEN, FL 33471	
Title:	D	( ) Delete
Name:	OGLETREE, HARRY H	
Address:	242 AVE. K, P. O. BOX 572	
City-St-Zip:	MOORE HAVEN, FL 33471	
Title:	D	( ) Delete
Name:	WHIDDEN, BRETT	
Address:	657 AVE O PO BOX 967	
City-St-Zip:	MOORE HAVEN, FL 33471	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: PHILIP C BENNETT ADM 04/16/2008

Electronic Signature of Signing Officer or Director — Date