

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90036 028 ****61.25

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DOCUMENT # 706471

1. Corporation Name

**THE CAPE CORAL FIRST UNITED METHODIST CHURCH, IN
C.**

Principal Place of Business

4118 CORONADO PKWY
CAPE CORAL FL 33904

Mailing Address

4118 CORONADO PKWY
CAPE CORAL FL 33904



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/26/1963

4. FEI Number
59-1156201

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

9. Name and Address of Current Registered Agent

SIEGEL, ARTHUR A. JR.
1216 SW 12TH TERRACE
CAPE CORAL FL 33904

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
33991

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

TITLE P
NAME SIEGEL, ARTHUR A.
STREET ADDRESS 1216 SW 12 TERRACE
CITY-ST-ZIP CAPE CORAL FL
☐ DELETE

TITLE D
NAME BRAUN, ERNEST F.
STREET ADDRESS 3903 PALM TREE BLVD
CITY-ST-ZIP CAPE CORAL FL 33904
☐ DELETE

TITLE D
NAME SANTORO, STEVEN
STREET ADDRESS 7401 BEAR HOLLOW CIRCLE
CITY-ST-ZIP FT. MYERS FL 33912
☐ DELETE

TITLE D
NAME COOMBS, RUTH ELEANOR
STREET ADDRESS 3006 SE 18TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33904
☒ DELETE

TITLE D
NAME MORRIS, NORMA
STREET ADDRESS 416 PINECREST CT
CITY-ST-ZIP CAPE CORAL FL
☒ DELETE

TITLE D
NAME COOLEY, FREDERICK B.
STREET ADDRESS 324 SE 26TH STREET
CITY-ST-ZIP CAPE CORAL FL 33904
☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

33991

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Howard E. Nielsen
3125 SE 10 Ave.
Cape Coral, FL 33904

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
Richard Roseberry
5313 Bayshore Ave.
Cape Coral, FL 33904

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
Jane S. Waldin
1741 Beach Pkwy. #107
Cape Coral, FL 33904

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)