

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706471

FILED  
Feb 26, 2008  
Secretary of State

**Entity Name:** THE CAPE CORAL FIRST UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

4118 CORONADO PKWY  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

4118 CORONADO PKWY  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 59-1156201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORETTI, MIKE  
3808 SE 10 PLACE  
CAPE CORAL, FL 33904 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: BARBRE, WILLIAM  
Address: 1065 SW 57 ST.  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: DEEMS, PHIL  
Address: 2804 DEL PRADO BLVD.  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: HOF, CLAIRE  
Address: 4218 SE 20 PL. #D-1  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: SCHMIDT, CRAIG  
Address: 3019 SE 5 CT.  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: FEATHER, GWEN  
Address: 1807 SE 41 ST. #2-1  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: FRANK, MARILYN  
Address: 1634 SE 39 TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

**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: D (X) Change ( ) Addition  
Name: MCQUEEN, TOM  
Address: 1029 SE 36 TERR.  
City-St-Zip: CAPE CORAL, FL 33904

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: WILLIAM BARBRE

D

02/26/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date