

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707709 (2)
1. Corporation Name
THE FIRST CHRISTIAN CHURCH OF CAPE CORAL, INCORPORATED



Principal Place of Business: 2600 COUNTRY CLUB BLVD, CAPE CORAL FL 33904
Mailing Address: 2600 COUNTRY CLUB BLVD, CAPE CORAL FL 33904

3. Date Incorporated or Qualified: 08/18/1964
3a. Date of Last Report: 02/14/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1061240	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUNT, CLAYTON D 2332 COUNTRY CLUB BLV CAPE CORAL FL 33904				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCTR	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/C	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TRIPP, ARTHUR E		1.2 NAME	TRIPP, CRAIG P.			
STREET ADDRESS	5248 WILLOW CT		1.3 STREET ADDRESS	2014 S.E. 12th. St.			
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	Cape Coral, FL 33990	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	VTR	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	COLQUITT, BUD		2.2 NAME	ANDERSON, JOSEPH			
STREET ADDRESS	1034 SE 25TH LANE		2.3 STREET ADDRESS	4122 S.W. 1st. Ave.			
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	Cape Coral, FL 33914	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/TR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CRICCO, TONY		3.2 NAME	TRIPP, ARTHUR E.			
STREET ADDRESS	221 SW 22ND STREET		3.3 STREET ADDRESS	5248 Willow Ct.			
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP	Cape Coral, FL 33904-5677	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	TR	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	C/TR	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CRIDER, RON		4.2 NAME	CRIDER, RON			
STREET ADDRESS	1511 SW 4TH PLACE		4.3 STREET ADDRESS	1511 S.W. 4th. Pl.			
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP	Cape Coral, FL 33991	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	C	<input type="checkbox"/> DELETE	5.1 TITLE	V	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GOODWIN, KEVIN		5.2 NAME	CRICCO, TONY			
STREET ADDRESS	215 SE 24TH AVENUE		5.3 STREET ADDRESS	221 SW 22nd St.			
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY-ST-ZIP	Cape Coral, FL 33991	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	V/TR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TRIPP, ELEANOR		6.2 NAME	HUNT, DAN			
STREET ADDRESS	5248 WILLOW COURT		6.3 STREET ADDRESS	2224 S.W. 3rd. Pl.			
CITY-ST-ZIP	CAPE CORAL FL		6.4 CITY-ST-ZIP	Cape Coral, FL 33904			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), 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.

SIGNATURE: *Arthur E. Tripp* Arthur E. TRIPP 3-8-96 941-549-0314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)