

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McRham , Secretary of State DIVISION OF CORPORATIONS
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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 33904-2863
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2. Principal Place of Business 21 2620 Country Club Blvd.		2a. Mailing Address 26 2620 Country Club Blvd.		3. Date Incorporated or Qualified 08/18/1964	3a. Date of Last Report 04/05/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-1061240	Applied For <input type="checkbox"/> Not Applicable
23 City & State Cape Coral, FL.		28 City & State Cape Coral, FL. 33904-2863		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 25		29 Zip 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HUNT, CLAYTON D 2332 COUNTRY CLUB BLV 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	
				85 Zip Code FL	

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PC	NAME TRIPP, CRAIG P	1.1 TITLE PC Joe Anderson	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2014 SE 12TH ST		1.2 NAME 1828 S.W. 30th Street	
CITY-ST-ZIP CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS Cape Coral, FL 33914	
TITLE V	NAME ANDERSON, JOSEPH	1.4 CITY-ST-ZIP Cape Coral, FL 33991	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 4122 SW 1ST AVE		2.1 TITLE C/T	
CITY-ST-ZIP CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE	2.2 NAME Tony Crisco	
TITLE ST	NAME TRIPP, ARTHUR E	2.3 STREET ADDRESS 221 S. W. 22nd Street	
STREET ADDRESS 5248 WILLOW CT		2.4 CITY-ST-ZIP Cape Coral, FL 33991	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VC/T	
TITLE CTR	NAME CRIDER, RON	3.2 NAME Arthur E. Tripp	
STREET ADDRESS 1511 SW 4TH PL		3.3 STREET ADDRESS 5248 Willow Ct.	
CITY-ST-ZIP CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP Cape Coral, FL 33904-5677	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE V	NAME CRICO, TONY	4.1 TITLE VC	
STREET ADDRESS 221 SW 22ND ST		4.2 NAME Craig Tripp	
CITY-ST-ZIP CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS 2014 S.E. 12th St	
TITLE T	NAME TRIPP, ELEANOR	4.4 CITY-ST-ZIP Cape Coral, FL 33990	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 5248 WILLOW COURT		5.1 TITLE C/T	
CITY-ST-ZIP CAPE CORAL FL	<input type="checkbox"/> DELETE	5.2 NAME Dan Hunt	
		5.3 STREET ADDRESS 3910 S.E. 11th. Ave., Right	
		5.4 CITY-ST-ZIP Cape Coral, FL 33904	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
		6.1 TITLE S	
		6.2 NAME James Keller	
		6.3 STREET ADDRESS 2101 S.E. 25th. Lane	
		6.4 CITY-ST-ZIP Cape Coral, FL 33904	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0504, 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* **REQUIRED** **Arthur E. Tripp, Trustee** **1/31/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0055225

CR2E037 (9/96)