


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90083 003 ****61.25

009651

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 707709

1. Corporation Name
THE FIRST CHRISTIAN CHURCH OF CAPE CORAL, INCORPORATED

Principal Place of Business 2620 COUNTRY CLUB BLVD CAPE CORAL FL 33904 US	Mailing Address 2620 COUNTRY CLUB BLVD. CAPE CORAL FL 33904 US
--	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/18/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1061240
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIPP, ARTHUR E	1.2 NAME	HOFFERTH, ROBERT
STREET ADDRESS	5248 WILLOW CT	1.3 STREET ADDRESS	414 S.W. 15th. Terrace
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	Cape Coral, FL. 33991
TITLE	VC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VC S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, JO	2.2 NAME	CAMPBELL, JOHN
STREET ADDRESS	1828 SW 30TH ST	2.3 STREET ADDRESS	1333 Golf Drive
CITY-ST-ZIP	CAPE CORAL FL 33914	2.4 CITY-ST-ZIP	Ft. Myers, FL. 33919
TITLE	CT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPP, CRAIG P	3.2 NAME	TRIPP, CRAIG P.
STREET ADDRESS	2014 SE 12 ST	3.3 STREET ADDRESS	2014 S.E. 12 Street
CITY-ST-ZIP	CAPE CORAL FL 33900	3.4 CITY-ST-ZIP	Cape Cora, FL 33904
TITLE	VC <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRICCO, ANTHONY	4.2 NAME	TRIPP, ELEANOR M.
STREET ADDRESS	221 SW 22ND ST	4.3 STREET ADDRESS	5248 Willow Court
CITY-ST-ZIP	CAPE CORAL FL 33991	4.4 CITY-ST-ZIP	Cape Coral, FL 33904-5677
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFERTH, ROBERT	5.2 NAME	
STREET ADDRESS	HORIZON VILLAGE 565 HORIZON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33903	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, MARK	6.2 NAME	
STREET ADDRESS	4004 COUNTRY CLUB BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 1/18/99 DAYTIME PHONE #: 941-549-0314

CR2E037 (1/1/98)