

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90092 032 ****61.25

DOCUMENT # 707709

1. Entity Name

THE FIRST CHRISTIAN CHURCH OF CAPE CORAL, INCORP

Principal Place of Business

2620 COUNTRY CLUB BLVD
 CAPE CORAL FL 33904
 US

Mailing Address

2620 COUNTRY CLUB BLVD.
 CAPE CORAL FL 33904-2863
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1061240

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNT, CLAYTON D
2332 COUNTRY CLUB BLV
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **C**
 NAME: **TRIPP, ARTHUR E**
 STREET ADDRESS: **5248 WILLOW CT**
 CITY-ST-ZIP: **CAPE CORAL FL 33904**

Delete

TITLE: **C/JT**
 NAME: **ANDERSON, JOSEPH**
 STREET ADDRESS: **1828 S.W. 30th. St.**
 CITY-ST-ZIP: **Cape Coral, FL. 33914**

Change Addition

TITLE: **VCS**
 NAME: **CAMPBELL, JOHN**
 STREET ADDRESS: **1333 GOLF DR**
 CITY-ST-ZIP: **FT MYERS FL 33919**

Delete

TITLE: **VC**
 NAME: **CAMPBELL, JOHN**
 STREET ADDRESS: **1333 Golf Drive**
 CITY-ST-ZIP: **Ft. Myers, FL. 33919**

Change Addition

TITLE: **T**
 NAME: **TRIPP, CRAIG P**
 STREET ADDRESS: **2014 SE 12 ST**
 CITY-ST-ZIP: **CAPE CORAL FL 33904**

Delete

TITLE: **S/T**
 NAME: **TRIPP, CRAIG P.**
 STREET ADDRESS: **2014 S.E. 12th. St.**
 CITY-ST-ZIP: **Cape Coral, FL. 33990**

Change Addition

TITLE: **T**
 NAME: **TRIPP, ELEANOR M**
 STREET ADDRESS: **5248 WILLOW CT**
 CITY-ST-ZIP: **CAPE CORAL FL 33904-5677**

Delete

TITLE: **#**
 NAME: **FINE, RONALD W. Treasurer**
 STREET ADDRESS: **1626 S.E. 13th. St.**
 CITY-ST-ZIP: **Cape Coral, FL 33914**

Change Addition

TITLE: **TC**
 NAME: **HOFFERTH, ROBERT**
 STREET ADDRESS: **414 SW 15TH TERR**
 CITY-ST-ZIP: **CAPE CORAL FL 33991**

Delete

TITLE: **T**
 NAME: **SKAGGS, ROBERT**
 STREET ADDRESS: **424 S.W. 53rd. Terrace**
 CITY-ST-ZIP: **Cape Coral, FL 33914**

Change Addition

TITLE: **T**
 NAME: **MCINTOSH, MARK**
 STREET ADDRESS: **4004 COUNTRY CLUB BLVD**
 CITY-ST-ZIP: **CAPE CORAL FL 33904**

Delete

TITLE: **T**
 NAME: **MCINTOSH, MARK**
 STREET ADDRESS: **4004 COUNTRY CLUB BLVD**
 CITY-ST-ZIP: **CAPE CORAL FL 33904**

Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Craig P. Tripp
Craig P. Tripp
 Trustee

1-26-00

941-772-4669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)