

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90112 033 \*\*\*\*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  
 US

00052118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1061240**

Applied For

Not Applicable

Zip

Country

Zip

Country

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	TRIPP, ARTHUR E	5248 WILLOW CT	CAPE CORAL FL 33904	<input type="checkbox"/>
VCS	CAMPBELL, JOHN	1333 GOLF DR	FT MYERS FL 33919	<input checked="" type="checkbox"/>
T	TRIPP, CRAIG P	2014 SE 12 ST	CAPE CORAL FL 33904	<input checked="" type="checkbox"/>
T	TRIPP, ELEANOR M	5248 WILLOW CT	CAPE CORAL FL 33904-5677	<input checked="" type="checkbox"/>
TC	HOFFERTH, ROBERT	414 SW 15TH TERR	CAPE CORAL FL 33991	<input checked="" type="checkbox"/>
T	MCINTOSH, MARK	4004 COUNTRY CLUB BLVD	CAPE CORAL FL 33904	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
CHAIRMAN Y TRUSTEE	ANDERSON, JOSEPH	1828 SW 30TH STREET	CAPE CORAL, FL 33914	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MILLER, GREG	ELDER	7400 COLLEGE PARKWAY #61-D	FT MYERS, FL 33907	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DEACON Y TRUSTEE	FILBY, DAVID	3529 SE 2ND PL	CAPE CORAL, FL 33904	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DEACON Y TRUSTEE	STUNTZ, DEAN	1445 NW 29TH PL	CAPE CORAL, FL 33993	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	FINE, RONALD W	1626 SE 13TH ST	CAPE CORAL, FL 33990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED**

4/29/01 (941)574-4019

CR2E037 (10/00)