

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90009 040 ****61.25

DOCUMENT # 707709

1. Entity Name

THE FIRST CHRISTIAN CHURCH OF CAPE CORAL, INCORPORATED

Principal Place of Business

Mailing Address

2620 COUNTRY CLUB BLVD
 CAPE CORAL FL 33904
 US

2620 COUNTRY CLUB BLVD.
 CAPE CORAL FL 33904
 US

80020062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2620 Country Club Blvd

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Coral, FL.

4. FEI Number

59-1061240

Applied For

Not Applicable

Zip

Country

Zip

Country

33904

USA

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: *DR. KEITH L. KAUEGER*

Street Address (P.O. Box Number is Not Acceptable)
2573 SW 28th Pl.

City *CAPE CORAL,* **FL** Zip Code *33914*

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

Dr. Keith L. Kaueger

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-02

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

TITLE Change Addition
 NAME *ELDER/ CRAIG TRIPP*
 STREET ADDRESS *2014 SE 12th St.*
 CITY-ST-ZIP *CAPE CORAL, FL 33904*

TITLE Delete
 NAME **DT FILBY, DAVID**
 STREET ADDRESS **3529 SE 2ND PLACE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE Change Addition
 NAME **Deacon ANTHONY CRICCO**
 STREET ADDRESS **221 SW 22nd ST**
 CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE Delete
 NAME **DT STUNTZ, DEAN**
 STREET ADDRESS **1445 NW 29TH PLACE**
 CITY-ST-ZIP **CAPE CORAL FL 33993**

TITLE Change Addition
 NAME **DEACON DANIEL RUSK**
 STREET ADDRESS **1027 SE 46th Lane 2-B**
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE Delete
 NAME **T FINE, RONALD W**
 STREET ADDRESS **1626 SE 13TH STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **E MILLER, GREG**
 STREET ADDRESS **7400 COLLEGE PARKWAY #61-D**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CT ANDERSON, JOSEPH**
 STREET ADDRESS **1828 SW 30TH STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Treasurer *1/23/02 (941) 574-7272*

Date

Daytime Phone #

CR2E037 (9/01)