


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90170 008 ****70.00

DOCUMENT # 707709			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country LEE	Zip	Country
6. Name and Address of Current Registered Agent KRUEGER, KEITH L DR. 2573 SW 28TH PL CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name BRADLEY L WEAVER Street Address (P.O. Box Number is Not Acceptable) 2932 SW 9th AVE CAPE CORAL City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Dr Keith L Krueger DATE 4-10-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRIPP, ARTHUR E 5248 WILLOW CT CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIPP, ARTHUR E 5248 WILLOW CT CC FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILHAM, KEN 1452 VIKING COURT CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P GILHAM, KEN 1452 VIKING COURT CC FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRIPP, CRAIG 2014 SE 12TH STREET CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOEHS, BRIAN 604 W. NICHOLAS PARKWAY CAPE CORAL FL 33991 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, GARY 4218 SE 3RD AVENUE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P JONES, GARY 4218 SE 3RD AVE CC FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GREG 7400 COLLEGE PARKWAY #61-D FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDLEY DONALD 5400 VIA ESTRELLA N FORT MYERS FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSELAND, STEVE 844 SW 37TH TERRACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P GOSELAND, STEVE 844 SW 37th TERRACE CC FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Dr Keith L Krueger		Date 4-10-05 Daytime Phone # 239-574-7272	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

50035494



04082005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-1061240** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required