2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707709

FILED Feb 09, 2006 Secretary of State

Entity Name: THE FIRST CHRISTIAN CHURCH OF CAPE CORAL, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

2620 COUNTRY CLUB BLVD CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

2620 COUNTRY CLUB BLVD CAPE CORAL, FL 33904 US

FEI Number: 59-1061240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEAVER, BRADLEY L WEAVER, BRADLEY L 2932 SW 9THY AVE 2932 SW 9TH AVE

CAPE CORAL, FL 33914 US CAPE CORAL, FL 33914 US

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: BRADLEY L. WEAVER 02/09/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

Address:

City-St-Zip:

844 SW 37TH TERRACE

CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete TRIPP, ARTHUR E TRIPP, ARTHUR E Name: Name: 3248 WILLOW CT Address: 3248 WILLOW CT Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: DVP Title: () Delete () Change () Addition GILHAM, KEN Name: Name: Address: 1452 VIKING COURT Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: () Delete Title: (X) Change () Addition BOEHS, BRIAN NORRIS, WILLIAM Name: Name: 604 W NICHOLAS PKWY 7601 EAGLES FLIGHT LANE Address: Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: FORT MYERS, FL 33912 Title: DP () Delete Title: () Change () Addition JONES, GARY Name: Name: 4218 SE 3RD AVENUE Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: () Delete Title: () Change () Addition MILLER, GREG Name: Name: 7400 COLLEGE PARKWAY #61-D Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: () Delete Title: () Change () Addition GOSELAND, STEVE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GARY JONES DP 02/09/2006