

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90173 024 \*\*\*\*61.25

<b>DOCUMENT # 716521</b>					
<b>1. Entity Name</b> FIRST BAPTIST CHURCH OF CAPE CORAL, FLORIDA, INC.					
<b>Principal Place of Business</b> 4117 CORONADO PARKWAY CAPE CORAL, FL 33904			<b>Mailing Address</b> 4117 CORONADO PARKWAY CAPE CORAL, FL 33904 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1359422	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PARKER, MARDIS SR 4622 SW 12TH PLACE APT 224 CAPE CORAL, FL 33914			<b>7. Name and Address of New Registered Agent</b> Name: <b>JOHN CHARLES COLEMAN</b> Street Address (P.O. Box Number is Not Acceptable): <b>2300 MCGREGOR BOULEVARD</b> City: <b>FORT MYERS</b> FL <b>33901</b>		
<b>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.</b>					
SIGNATURE: <i>John Charles Coleman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <b>1/5/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TATE, GLORIA 261 BASHORE DRIVE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, MARDIS SR 4622 SW 12TH PL APT 224 CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALENTINE, CONNIE 1806 SE 6TH AVE CAPE CORAL, FL 33990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>			<b>SIGNATURE:</b> <i>M. J. Farmer, Jr. Trustee</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date: <b>1-9-06</b>			Daytime Phone #: <b>239-542-3703</b>		