

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 734803

1. Entity Name

TRINITY REFORMED CHURCH OF CAPE CORAL,
INCORPORATED



Principal Place of Business

% JANET DAVIS
2220 HANCOCK-BRIDGE PARKWAY
CAPE CORAL, FL 33990 US

Mailing Address

JANET DAVIS
2220 HANCOCK-BRIDGE PARKWAY
CAPE CORAL, FL 33990 US



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6514365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JANET
2224 S. E. 16TH STREET
CAPE CORAL, FL 33990

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME STEVENS, RICHARD
STREET ADDRESS 5966 SW 1ST CT
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE T
NAME DAVIS, JANET
STREET ADDRESS 2224 S E 16TH STREET
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE PD
NAME ALLEN, VANDER POL
STREET ADDRESS 16 S E 21ST AVENUE
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000739078
05/14/07-80010-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janet S Davis, Treasurer 4/27/07 239-574-3967