FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 15 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 739719 (3)

1. Corporation Name

CAPE CORAL ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
717 SKYLINE BLVD. CAPE CORAL FL 33991	717 SKYLINE BLVD. CAPE CORAL FL 33991

3. Date Incorporated or Qualified: 07/25/1977

3a. Date of Last Report: 01/28/1994

4. FEI Number: 59-2262560 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NICHOLS, CHARLES B.
13036 FICUS TREE LANE
BOKEELIA FL 33922

10. Name and Address of New Registered Agent

81 Name: Charles K. Leigh
82 Street Address (P.O. Box Number is Not Acceptable): 5216-1 Cedarbend Drive
83
84 City: Fort Myers FL 85 Zip Code: 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Charles K. Leigh — DATE: 1/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NICHOLS, CHARLES B.	1.2 NAME	LEIGH, CHARLES K.	
STREET ADDRESS	13036 FICUS TREE LANE	1.3 STREET ADDRESS	5216-1 Cedarbend Dr.	
CITY-ST-ZIP	BOKEELIA FL	1.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	LICHTER, KEN	2.2 NAME		
STREET ADDRESS	4402 S.W. 15TH AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	HACK, GEORGE, JR.	3.2 NAME		
STREET ADDRESS	711 S.W. 38TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	LICHTER, KEN	4.2 NAME	Peterson, Jim	
STREET ADDRESS	4402 S.W. 15TH AVE.	4.3 STREET ADDRESS	19 NE 9th Ave	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CAP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles K. Leigh — 1/17/95 — 813 574 5690
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0062004