

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739719

FILED
Apr 01, 2004
Secretary of State

Entity Name: CAPE CORAL ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

717 SKYLINE BLVD.
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

717 SKYLINE BLVD.
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 59-2262560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, GREGORY T
3019 SW 16TH PL
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COOPER, GREGORY T
Address: 3019 SW 16TH PL
City-St-Zip: CAPE CORAL, FL 33914

Title: SD () Delete
Name: WILLIAMS, PETER
Address: 206 SW 43RD LN
City-St-Zip: CAPE CORAL, FL 33914

Title: TD () Delete
Name: HOGGAT, DAN
Address: 20713 MYSTIC WAY
City-St-Zip: N FT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: GREGORY T COOPER

PD

04/01/2004

Electronic Signature of Signing Officer or Director

Date