

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90001 006 ****61.25

DOCUMENT # 739719

1. Entity Name
CAPE CORAL ASSEMBLY OF GOD, INC.



Principal Place of Business
**717 SKYLINE BLVD.
CAPE CORAL, FL 33991**

Mailing Address
**717 SKYLINE BLVD.
CAPE CORAL, FL 33991**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06022008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2262560

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **COOPER, GREGORY T**

Street Address (P.O. Box Number is Not Acceptable)

2540 S.W. 4TH AVE

City **CAPE CORAL**

FL Zip Code **33914**

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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **COOPER, GREGORY T**
STREET ADDRESS **3019 SW 16TH PL**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE SD ☐ Delete
NAME **GEARHEART, JOELLEN**
STREET ADDRESS **1906 S.W. 13TH LANE**
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE TD ☒ Delete
NAME **HAGMANN, WILLIAM**
STREET ADDRESS **101700 PRIMAVERA CIRCLE**
CITY-ST-ZIP **CAPE CORAL, FL 33909**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Gregory S. Cooper**
STREET ADDRESS **2540 SW 4th AVE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME **CLAUDETTE NELSON**
STREET ADDRESS **3312 S.W. 6th AVE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gregory S. Cooper
GREGORY T. COOPER

6-2-2008 (239) 574-5690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #