2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED **DOCUMENT # 741582** Jan 31, 2007 08:00 AM 1. Entity Namo **Secretary of State** CAPRI CHRISTIAN CHURCH, INC. Principal Place of Business Mailing Address 111 E. HILO NAPLES FL 34113 US 111 E. HILO NAPLES FL 34113 2. Principal Placo of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & State 4. FEI Number Applied For 59-1956870 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PORTER, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 199 COCONUT PALM CIRCLE NAPLES FL 34114 Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DITTE ☐ Delete IIIŁE ☐ Change ☐ Addition NAME U000000614502 PORTER, ROBERT NAME STREET ADDRESS STREET ADDRESS 199 COCONUT PALM CIRCLE 02/06/07-80033-023 61.25 CITY - S1 - 71P NAPLES FL 34114 CITY-ST-ZIP PD ☐ Delete TITLE Change ☐ Addition NAME AYERS, CURTISS W NAME STREET ADDRESS 3985 DERR CROSSING CT. STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP NAPLES FL 34114 THILE ☐ Delete CD TITLE Change Addition NAME NAME HORTON, THOMAS STREET ADDRESS STREET ADORESS 1251 MIMOSA COURT CHY-ST-7IP CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete TITLE ☐ Change ☐ Addition SD NAME NAME WILLIAMSON, DALE STREET ADDRESS STREET ADDRESS 1630 BEGONIA CT. CITY-ST-7/P CITY-ST-7IP MARCO ISLAND FL 34145 TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CUY-SI-ZIP CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes | 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:

I fitate

Robert J. PORTER

1/27/07

239-775-647/