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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # 742521 (8)

1. Corporation Name

CHRIST THE SERVANT CHURCH OF THE BRETHREN CAPE C ORAL, FLORIDA, INC.

Principal Place of Business	Mailing Address
1813 EL DORADO PKWY W CAPE CORAL FL 33914	1813 ELDORADO PKWY W P.O. BOX 1615 CAPE CORAL FL 33910

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1978
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-6589375 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JOESPH CAPORAL
3511 SW 5TH PL
CAPE CORAL FL 33908

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
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	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	JOSEPH CAPORAL	1.2 NAME	
STREET ADDRESS	3511 SW 5TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FRED DAVID	2.2 NAME	
STREET ADDRESS	1215 SE 31ST TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 00000 FL 33094	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HENDRIX, LISA	3.2 NAME	Cindy Stroop
STREET ADDRESS	218 SW 45TH TERR	3.3 STREET ADDRESS	224 SW 34th St
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	CALABRESE, JOEL	4.2 NAME	
STREET ADDRESS	1417 EL DORADO PKWY W	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 0	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MARY ANN COLLIA	5.2 NAME	
STREET ADDRESS	1312 SE 20TH TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	5.4 CITY-ST-ZIP	
TITLE	MD	6.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, HAROLD J.	6.2 NAME	Ron McInnis
STREET ADDRESS	2202 DOLADO PKWY	6.3 STREET ADDRESS	217 SW 34th St
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP	Cape Coral, FL 33914

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: Joseph Caporal 1-15-95 549-1037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000D401