

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 742521 (8)
1. Corporation Name

CHRIST THE SERVANT CHURCH OF THE BRETHREN CAPE CORAL, FLORIDA, INC.



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

3. Date Incorporated or Qualified: 04/19/1978
3a. Date of Last Report: 01/23/1995

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

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

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 617.0502 and 617.1508, 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 617.0503, 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	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH CAPORAL	12 NAME	
STREET ADDRESS	3511 SW 5TH PL	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED DAVID	22 NAME	JOHN MUELLER
STREET ADDRESS	1215 SE 31ST TERR	23 STREET ADDRESS	5320 SW 22 ND AVE.
CITY-ST-ZIP	CAPE CORAL FL 33094	24 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROOP, CINDY	32 NAME	
STREET ADDRESS	224 SW 34TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	34 CITY-ST-ZIP	
TITLE	CD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRESE, JOEL	42 NAME	
STREET ADDRESS	1417 EL DORADO PKWY W	43 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN COLLIA	52 NAME	
STREET ADDRESS	1312 SE 29TH TERR	53 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	54 CITY-ST-ZIP	
TITLE	MD	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNIS, RON	62 NAME	
STREET ADDRESS	217 SW 34TH ST	63 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	64 CITY-ST-ZIP	

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)(k), 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 1/24/96 (813-694-4700)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)