

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 33914-6877  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**04/19/1978**

3a. Date of Last Report  
**01/31/1996**

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

**JOESPH CAPORAL  
3511 SW 5TH PL  
CAPE CORAL FL 33908**

10. Name and Address of New Registered Agent

81 Name

**HUGH ODGELL**

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

**2018 SE 29th STREET**

83

84 City

**CAPE CORAL**

**FL**

85 Zip Code

**33904**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

**HUGH ODGELL, TREASURER**

**APR 18 1997**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOSEPH CAPORAL</b>	
STREET ADDRESS	<b>3511 SW 5TH PL</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MUELLER, JOHN</b>	
STREET ADDRESS	<b>5320 SW 22ND AVENUE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STROOP, CINDY</b>	
STREET ADDRESS	<b>224 SW 34TH ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>CALABRESE, JOEL</b>	
STREET ADDRESS	<b>1417 EL DORADO PKWY W</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARY ANN COLLIA</b>	
STREET ADDRESS	<b>1312 SE 29TH TERR</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	

TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCINNIS, RON</b>	
STREET ADDRESS	<b>217 SW 34TH ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>HUGH ODGELL</b>	
1.3 STREET ADDRESS	<b>2018 SE 29th STREET</b>	
1.4 CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	

2.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>PHYLLIS KARNIS</b>	
2.3 STREET ADDRESS	<b>5024 SW 11th PL</b>	
2.4 CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 18 1997**

Date

**941-542-0139**

Daytime Phone # **0066740**

CR2E037 (9/96)