

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 AND FILED**

95 MAY -1 AM 10:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



CORPORATION  
 ANNUAL REPORT  
 1995

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

DOCUMENT # **749603** (7)  
 1. Corporation Name  
**FIRST CONGREGATIONAL COMMUNITY CHURCH OF CAPE CORAL, INCORPORATED**

Principal Place of Business Mailing Address  
**312 SANTA BARBARA BLVD** **312 SANTA BARBARA BLVD**  
**P.O. BOX 967** **P.O. BOX 967**  
**CAPE CORAL FL 33910** **CAPE CORAL FL 33910**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/31/1979** 3a. Date of Last Report **09/07/1994**  
 4. FEI Number **59-1950287** 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 (1)(2) Florida Statutes  Yes  No

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  
**MARRON, WILLIAM**  
**5580 BURNHAM CT.**  
**N. FT. MYERS FL 33903**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>
NAME	<b>OLSON, EARLE</b>
STREET ADDRESS	<b>436 MOHAWK PKWY</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>D</b>
NAME	<b>VIRCHAU, MARVIN</b>
STREET ADDRESS	<b>928 SE 18TH TERRACE</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>SD</b>
NAME	<b>SCHULTZ, JOANNE</b>
STREET ADDRESS	<b>5618 DEAUVILLE CT.</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>T</b>
NAME	<b>DODD, CLIFFORD</b>
STREET ADDRESS	<b>414 SW 4TH ST.</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>D</b>
NAME	<b>MOUNTCASTLE, T. C.</b>
STREET ADDRESS	<b>853 SE 46TH LANE, #105</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>D</b>
NAME	<b>MCLAUGHLAN, CLIFFORD</b>
STREET ADDRESS	<b>4230 SE 20TH PLACE</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>SD</b>
33 STREET ADDRESS	<b>TINSLEY, LOIS</b>
34 CITY - ST - ZIP	<b>4013 SE 19TH PLACE 33904</b> <b>CAPE CORAL FL</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>414 SE 4TH STREET</b>
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>D</b>
53 STREET ADDRESS	<b>MOLINARO, KAREN</b>
54 CITY - ST - ZIP	<b>324 NE 7th ST</b> <b>CAPE CORAL FL 33909</b>
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>D</b>
63 STREET ADDRESS	<b>BAGLEY, RUTH</b>
64 CITY - ST - ZIP	<b>1204 EL DORADO PARKWAY W#202</b> <b>CAPE CORAL FL 33914</b>

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)(b), 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: Clifford G. Dodd Treasurer Date: 4.27.95 Register Number: 813 337-4004