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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 P.O. BOX 923 CAPE CORAL FL 33910
312 SANTA BARBARA BLVD P.O. BOX 923 CAPE CORAL FL 33910-0967

3. Date Incorporated or Qualified 10/31/1979
3a. Date of Last Report 04/26/1996

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

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

9. Name and Address of Current Registered Agent
MARRON, WILLIAM
5560 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Moderator <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, EARLE	1.2 NAME	Wiech, William
STREET ADDRESS	436 MOHAWK PKWY	1.3 STREET ADDRESS	1030 SE 46th Street #203
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Deacon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRCHAU, MARVIN	2.2 NAME	Burton, Brad
STREET ADDRESS	928 SE 18TH TERRACE	2.3 STREET ADDRESS	3512 SE 3rd Avenue
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Clerk <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINSLEY, LOIS	3.2 NAME	Tinsley, Lois
STREET ADDRESS	4013 SE 19TH PLACE	3.3 STREET ADDRESS	4013 SE 19th Place
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODD, CLIFFORD	4.2 NAME	A. J. Fischer
STREET ADDRESS	414 SE 4TH STREET	4.3 STREET ADDRESS	P.O. Box 705 NA
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	Cape Coral, FL 33910
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Financial Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLINARO, KAREN	5.2 NAME	M. Christine Fischer
STREET ADDRESS	324 NE 7TH ST	5.3 STREET ADDRESS	P.O. Box 705 NA
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	Cape Coral, FL 33910-0705
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Vice Moderator <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGLEY, RUTH	6.2 NAME	Madden, William
STREET ADDRESS	1204 ELDORADO PARKWAY W#202	6.3 STREET ADDRESS	2007 NE 2nd Street
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP	Cape Coral, FL 33909

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *A. J. Fischer* A. J. Fischer, Treasurer 02/09/97 941-549-3320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000-0000

CR2E037 (9/96)