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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90037 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 749603
 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 923 P.O. BOX 923
 CAPE CORAL FL 33910 CAPE CORAL FL 33910
 US US



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|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 10/31/1979 |
| Suite, Apt. #, etc. 22 PO BOX 100923 | Suite, Apt. #, etc. 27 PO BOX 100923 | 4. FEI Number 59-1950287 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 8. Name and Address of Current Registered Agent OLSON EARLE 436 MOHAWK PKWY. CAPE CORAL FL 33904 | 10. Name and Address of New Registered Agent 81 Name WILLIAM J. WIECH 82 Street Address (P.O. Box Number is Not Acceptable) 1030 SE 46TH STREET 83 UNIT 203 84 City CAPE CORAL FL 85 Zip Code 33904 |
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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 *William J. Wiech* DATE **4/1/99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD WIECH, WILLIAM 1030 S.E. 46TH ST., #203 CAPE CORAL FL <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | MD (MODERATOR) MADSEN, WILLIAM 2007 NE 2ND STREET CAPE CORAL FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OLSON, EARL 436 MOHAWK PARKWAY CAPE CORAL FL 33904 <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | TRUSTEE CHAIRMAN OSWALD, GUS 1214 SE VAN LOON TERRACE CAPE CORAL FL 33990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HATTERY, BETTY 912 S.E. 46TH STREET #103 CAPE CORAL FL 33904 <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | CLEAR SEHENK, JUDY 3613 SW 1ST AVENUE CAPE CORAL FL 33994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FISCHER, A.J. P.O. BOX 705 N/A CAPE CORAL FL <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | TREASURER WIECH, WILLIAM 1030 SE 46TH ST UNIT 203 CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FS FISCHER, M. CHRISTINE P.O. BOX 705 N/A CAPE CORAL FL <input checked="" type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | FINANCIAL SECRETARY RICHARD, FLORENCE 619 SE 31ST STREET CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VMD FENERTY, KATIE 115 S.E. 21ST LANE CAPE CORAL FL 33990 <input checked="" type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | VICE MODERATOR SCHAEFFEL, GORDON 1212 SW 13TH STREET CAPE CORAL, FL 33991 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I 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, with all other like empowered.

SIGNATURE: *William J. Wiech* DATE: **4/1/99** DUTY PHONE: **941-540-1508**

CR2E037 (11/98)