

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90135 047 ****61.25

DOCUMENT # 749603

1. Entity Name

FIRST CONGREGATIONAL COMMUNITY CHURCH OF CAPE CO

Principal Place of Business

Mailing Address

P.O. BOX 100923
CAPE CORAL FL 33910
US

P.O. BOX 100923
CAPE CORAL FL 33910-0923
US

701404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

312 SANTA BARBARA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CAPE CORAL FL

City & State

City & State

33991

LEE

Zip

Country

Zip

Country

4. FEI Number

59-1950287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIECH, WILLIAM
1030 SE 46TH STREET
UNIT 203
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

William J. Wiech

1/10/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MD** ☒ Delete
NAME **MADDEN, WILLIAM**
STREET ADDRESS **2007 NE 2ND STREET**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **MD** ☒ Change ☐ Addition
NAME **ROBERT HALL**
STREET ADDRESS **1302 SE 15TH**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **TC** ☐ Delete
NAME **ASWALD, GUS**
STREET ADDRESS **1214 SE VAN LOON TERRACE.**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **GUS OSWALD** ☒ Change ☐ Addition
NAME **GUS OSWALD**
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **SCHENK, JUDY**
STREET ADDRESS **3613 SW 1ST**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WIECH, WILLIAM**
STREET ADDRESS **1230 SE 46TH ST. UNIT 203**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **CAPE CORAL FL 33904**
CITY-ST-ZIP

TITLE **FS** ☐ Delete
NAME **RICHARD, FLORENCE**
STREET ADDRESS **619 SE 31ST STREET**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VMD** ☐ Delete
NAME **SCHAEFFER, GORDAN**
STREET ADDRESS **1212 SW 13TH STREET**
CITY-ST-ZIP **CAPE CORAL FL 33091**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William J. Wiech
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00 *941/540-1508*

CR2E037 (9/99)