Amended **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 749603 1. Entitý Name FIRST CONGREGATIONAL COMMUNITY CHURCH OF CAPE CORAL, INCORPORATED 01 DEC 17 AM 10: 50 Principal Place of Business Mailing Address 312 Santa Barbara Blvd SECRETARY OF STATE P.O. Box 923 TALLAHASSEE. FLORIDA Cape Coral, F1 33910 2. Principal Place of Business 3. Mailing Address 312 Santa Barbara Blvd OMAMEN Suite, Apt. #, etc. Suite, Apt. #, etc. 1 1 2 2 City & State City & State Not Applicable Cape Coral, Fl 59-1950287 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Janet Calkins Street Address (P.O. Box Number is Not Acceptable) 1261-Biltmore Drive-Ft. Myers, Fl 33901 Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to. \$5.00 May Be ٢٦ Trust Fund Contribution. FEE IS \$61,25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE **x**Change TITLE MD Delete MD Addition NAME NAME Tague, Al Weiss, David STREET ADDRESS STREET ADDRESS 912 SE 33rd St 156 SE 4th Street CITY-ST-ZIP CITY-ST-ZIP Cape Coral, Fl 33904 Cape Coral, Fl 33990 TITLE Delete TITLE ☐ Change **Addition NAME NAME Marron, William STREET ADDRESS STREET ADDRESS 5560 Burnham Court CITY-ST-7IP CITY-ST-ZIP N. Ft. Myers, Fl 33903 TITLE XX. Delete TITLE Change Addition NAME NAME Schenk, Judy Cirillo, Beryl STREET ADDRESS STREET ADDRESS 3613 SW_1st____ CITY-ST-ZIP -25 Esper-Court-CITY-ST=ZIP Cape Coral; Fl 33914 Ft. Myers, Fl 33912 TITLE X Delete TITLE Change Addition FS NAME NAME Richard, Florence Fischer, Chris STREET ADDRESS STREET ADDRESS 619 SE 31st Street CITY-ST-ZIP P.O. Box 100705 CITY-ST-ZIP Cape Coral, Fl 33904 Cape Coral, F1 33910-0705 ☐ Delete TITLE Change ☐ Addition NAME 200004883422--8 STREET ADDRESS Calkins, Janet STREET ADDRESS -02/06/02--01067--002 CITY-ST-ZIP CITY-ST-ZIP 1261 Biltmore Dr *****61.25 *****6<u>1.25</u> TITLE Ft. Myers, F1 33901 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP 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:

Janet B. Calkins, Treasurer 10/401