


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90068 020 ****61.25

DOCUMENT # 749603 1. Entity Name FIRST CONGREGATIONAL COMMUNITY CHURCH OF CAPE CORAL, INCORPORATED					
Principal Place of Business 312 SANTA BARBARA BLVD CAPE CORAL, FL 33991 US			Mailing Address 312 SANTA BARBARA BLVD CAPE CORAL, FL 33991 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RIGGINS, ED 1126 LUCERNE AVE CAPE CORAL, FL 33904-5939				Name SHIRLEY, GEORGE F Street Address (P.O. Box Number is Not Acceptable) 235 NE 21 PLACE City CAPE CORAL State FL Zip Code 33909	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>George F. Shirley, Moderator</u> DATE <u>April 13, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	MD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIRLEY, GEORGE F		NAME		
STREET ADDRESS	235 NE 21 PLACE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33909		CITY-ST-ZIP		
TITLE	C <input checked="" type="checkbox"/> Delete		TITLE	CLERK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CIRILLO, BERYL		NAME	MARVEL L. SHIRLEY	
STREET ADDRESS	25 ESPER COURT		STREET ADDRESS	235 NE 21 PLACE	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIGGINS, ED		NAME	DK TAGUE	
STREET ADDRESS	1126 LUCERNE AVE.		STREET ADDRESS	912 SE 33RD ST.	
CITY-ST-ZIP	CAPE CORAL, FL 339045939		CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	FS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAY, KATHY		NAME		
STREET ADDRESS	3609 SE 9 CT. #104		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	TC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEAULIEU, DICK		NAME		
STREET ADDRESS	7206 SW 13 TERR.		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33991		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>George F. Shirley</u> DATE: <u>April 13, 2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					