

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90058 015 ****61.25

DOCUMENT # 749603

1. Entity Name
FIRST CONGREGATIONAL COMMUNITY CHURCH OF CAPE CORAL, INCORPORATED



40010...

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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01212006 Chg-NP CR2E037 (11/05)

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
**SHIRLEY, GEORGE F
 235 NE 21 PLACE
 CAPE CORAL, FL 33909**

Shirley Geor

7. Name and Address of New Registered Agent

Name **Guil, Shirley**

Street Address (P.O. Box Number is Not Acceptable)
1206 SW 13th Terrace

Cape Coral FL 33991-2932

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Shirley Guil* DATE **2-14-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	SHIRLEY, GEORGE F	
STREET ADDRESS	235 NE 21 PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SHIRLEY, MARVEL	
STREET ADDRESS	2358 NE 21 PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TAGUE, D K	
STREET ADDRESS	912 SE 33RD ST	
CITY-ST-ZIP	CAPE CORAL, FL 339045939	
TITLE	FS	<input checked="" type="checkbox"/> Delete
NAME	RAY, KATHY	
STREET ADDRESS	3609 SE 9 CT. #104	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	TC	<input checked="" type="checkbox"/> Delete
NAME	BEAULIEU, DICK	
STREET ADDRESS	7206 SW 13 TERR.	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guil, Shirley	
STREET ADDRESS	1206 SW 13th Terrace	
CITY-ST-ZIP	Cape Coral, FL 33991-2932	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Lee	
STREET ADDRESS	3602 SE 1st Avenue	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kea, Marcia	
STREET ADDRESS	3602 SE 1st Avenue	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	FS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schaeffer, Theresa	
STREET ADDRESS	1212 SW 13th Street	
CITY-ST-ZIP	Cape Coral FL 33991-2927	
TITLE	TC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peterson, John	
STREET ADDRESS	121 SE 4th Terrace	
CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Shirley Guil* DATE: **2-14-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #