2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#749603

FILED Sep 04, 2008 Secretary of State

Entity Name: FIRST CONGREGATIONAL COMMUNITY CHURCH OF CAPE CORAL, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 312 SANTA BARBARA BLVD CAPE CORAL, FL 33991 **Current Mailing Address: New Mailing Address:** 312 SANTA BARBARA BLVD CAPE CORAL, FL 33991 US FEI Number: 59-1950287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FISCHER, CHRIS FISCHER, CHRIS 5358 CORAL AVE 5358 CORAL AVE CAPE CORAL, FL 33910 PO BOX 100705 US CAPE CORAL, FL 33910 US 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: 09/04/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: MD () Delete () Change () Addition FISCHER, CHRIS Name: Name: 5358 CORAL AVE Address: Address: City-St-Zip: CAPE CORAL, FL 33910 City-St-Zip: Title: () Delete Title: (X) Change () Addition SMITH, LEE Name: WEISS, LIZ Name: Address: 3602 SE 1ST AVE Address: 1804 NW 9TH PLACE City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33993 Title: () Delete Title: (X) Change () Addition KEA, MARCIA WEISS, GERRY Name: Name: Address: 3602 SE 1ST AVE Address: 1804 NW 9TH PLACE City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33993 Title: FS () Delete Title: () Change () Addition SHAEFFER, THERESA Name: Name: Address: 1212 SW 13TH ST Address: City-St-Zip: CAPE CORAL, FL 339912927 City-St-Zip: Title: () Delete Title: () Change () Addition SLIVKA, JACK Name: Name: 436 MOHAWK PKWY Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS FISCHER MD 09/04/2008