

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749603

FILED
Jun 24, 2009
Secretary of State

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

Current Principal Place of Business:

312 SANTA BARBARA BLVD
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

312 SANTA BARBARA BLVD
CAPE CORAL, FL 33991 US

New Mailing Address:

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:

FISCHER, CHRIS
5358 CORAL AVE
CAPE CORAL, FL 33910 US

Name and Address of New Registered Agent:

EASON, DEBORAH
2306 SE 5TH PLACE
CAPE CORAL, FL 33990 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: DEBORAH EASON

06/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: FISCHER, CHRIS
Address: 5358 CORAL AVE
City-St-Zip: CAPE CORAL, FL 33910

Title: C () Delete
Name: WEISS, LIZ
Address: 1804 NW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: T () Delete
Name: WEISS, GERRY
Address: 1804 NW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: FS () Delete
Name: SHAEFFER, THERESA
Address: 1212 SW 13TH ST
City-St-Zip: CAPE CORAL, FL 339912927

Title: TC () Delete
Name: SLIVKA, JACK
Address: 436 MOHAWK PKWY
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: EASON, DEBORAH
Address: 2306 SE 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TC (X) Change () Addition
Name: EASON, CARL
Address: 2306 SE 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

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: DEBORAH EASON

MD

06/24/2009

Electronic Signature of Signing Officer or Director

Date