


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90208 050 ****61.25

DOCUMENT # 749603

1. Entity Name
**FIRST CONGREGATIONAL COMMUNITY CHURCH OF CAPE CO
RAL, INCORPORATED**



Principal Place of Business Mailing Address


**312 SANTA BARBARA BLVD
CAPE CORAL FL 33991
US** **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



CHECK HERE IF MAKING CHANGES

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

**RIGGINS, ED
1126 LUCERNE AVE
CAPE CORAL FL 33904-5939**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 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 type="checkbox"/> Delete
NAME	GUIEL, SHIRLEY	
STREET ADDRESS	1206 SW 13TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33991-2932	
TITLE	TC	<input checked="" type="checkbox"/> Delete
NAME	FULLERTON, FRED	
STREET ADDRESS	412 SW 34TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	C	<input type="checkbox"/> Delete
NAME	CIRILLO, BERYL	
STREET ADDRESS	25 ESPER COURT	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIGGINS, ED	
STREET ADDRESS	1126 LUCERNE AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33904-5939	
TITLE	FS	<input type="checkbox"/> Delete
NAME	FISCHER, CHRISTINE	
STREET ADDRESS	P.O. BOX 100705	
CITY-ST-ZIP	CAPE CORAL FL 33910-0705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vina Paulson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4002 S.E 20th Pl. F-2	
STREET ADDRESS	Cape Coral, Fl. 33904	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: *[Signature]* **ED RIGGINS** 2/21/03 139-574-1184

CR2E037 (10/02)