

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750317 (0)
1. Corporation Name
THE EVANGELICAL PRESBYTERIAN CHURCH OF CAPE CORAL FLORIDA, INC.

Principal Place of Business 701 MOWHAWK PKWY. CAPE CORAL FL 33914	Mailing Address 701 MOWHAWK PKWY. CAPE CORAL FL 33914
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3. Date Incorporated or Qualified
12/20/1979

4. FEI Number
59-2266835

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**TAYLOR, JAMES
5801 TALLOWOOD CIRCLE, SW
FORT MYERS, FL
33919**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-ELMER, CLAUDE	1.2 NAME	Elmer, Claude
STREET ADDRESS	130 SW 30TH ST.	1.3 STREET ADDRESS	130 SW 39th ST
CITY-ST-ZIP	CAPE CORAL ST FL	1.4 CITY-ST-ZIP	CAPE CORAL FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKAY, JOHN	2.2 NAME	
STREET ADDRESS	1330 N BRANDYWINE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JAMES H.	3.2 NAME	
STREET ADDRESS	5801 TALLOWOOD CIRCLE SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUITT, CURT	4.2 NAME	
STREET ADDRESS	5636 MONTILLA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, RICHARD	5.2 NAME	
STREET ADDRESS	10044 BARDMOOR CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Claude Elmer* **Claude Elmer, Sec. 21 JAN 98 941) 945-2415**

CR2E037 (10/97)