

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90081 028 ****61.25

0060592

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 750317

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

12/20/1979

4. FEI Number

59-2266835

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME: STD
 EMLER, CLAUDE
 STREET ADDRESS: 130 SW 39TH ST.
 CITY-ST-ZIP: CAPE CORAL ST FL

TITLE DELETE

NAME: D
 MACKAY, JOHN
 STREET ADDRESS: 1330 N BRANDYWINE CIR
 CITY-ST-ZIP: FT MYERS FL

TITLE DELETE

NAME: VP
 TAYLOR, JAMES H.
 STREET ADDRESS: 5801 TALLOWOOD CIRCLE SW
 CITY-ST-ZIP: FORT MYERS FL

TITLE DELETE

NAME: PD
 TRUITT, CURT
 STREET ADDRESS: 5636 MONTILLA DRIVE
 CITY-ST-ZIP: FT. MYERS FL

TITLE DELETE

NAME: D
 HARRIS, RICHARD
 STREET ADDRESS: 10044 BARDMOOR CT.
 CITY-ST-ZIP: N. FT. MYERS FL

TITLE DELETE

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8 Jan 99 941)945-2415

CR2E037 (1/198)