

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90071 010 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 750317

1. Entity Name

THE EVANGELICAL PRESBYTERIAN CHURCH OF CAPE CORA

Principal Place of Business

Mailing Address

701 MOWHAWK PKWY.
 CAPE CORAL FL 33914

701 MOWHAWK PKWY.
 CAPE CORAL FL 33914-5828

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2266835

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

James H. Taylor

2-6-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEF IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Delete
NAME	EMLER, CLAUDE	
STREET ADDRESS	130 SW 39TH ST.	
CITY-ST-ZIP	CAPE CORAL ST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKAY, JOHN	
STREET ADDRESS	1330 N BRANDYWINE CIR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAYLOR, JAMES H.	
STREET ADDRESS	5801 TALLOWOOD CIRCLE SW	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TRUITT, CURT	
STREET ADDRESS	5636 MONTILLA DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, RICHARD	
STREET ADDRESS	10044 BARDMOOR CT.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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 REQUIRED

2-6-00

1-941-277-7813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #