

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 17, 2005  
Secretary of State**

DOCUMENT# 750317

**Entity Name:** THE EVANGELICAL PRESBYTERIAN CHURCH OF CAPE CORAAL FLORIDA, INC.

**Current Principal Place of Business:**

701 MOWHAWK PKWY.  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

701 MOWHAWK PKWY.  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 59-2266835      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, JAMES  
1443 FRIENDSHIP WALKWAY  
FORT MYERS, FL 33901    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: STD      ( ) Delete  
Name: EMLER, CLAUDE  
Address: 606 S E 35TH STREET  
City-St-Zip: CAPE CORAL ST, FL 33904

Title: D      ( ) Delete  
Name: ROMLEIN, DON  
Address: 5608 SW11TH AVE  
City-St-Zip: CAPE CORAL, FL 33914

Title: VP      ( ) Delete  
Name: TAYLOR, JAMES H.,  
Address: 1443 FRIENDSHIP WALKWAY  
City-St-Zip: FORT MYERS, FL 33901

Title: PD      ( ) Delete  
Name: TRUITT, CURT  
Address: 5636 MONTILLA DRIVE  
City-St-Zip: FT. MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEE A JOHNSON

ADMI

03/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date