2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# 750317

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

Current Principal Place of Business:

701 MOHAWK PKWY.
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

701 MOHAWK 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, FL 33904

Title: D ( ) Delete
Name: ROMLEIN, DON
Address: 5608 SW 11TH 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: D (X) Change ( ) Addition
Name: EHLERS, STEVE
Address: 2526 SW 27TH AVE
City-St-Zip: CAPE CORAL, FL 33914

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 exemption stated in Chapter 119, 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: JAMES H TAYLOR VP 02/14/2008

Electronic Signature of Signing Officer or Director Date