

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 750317

FILED
Feb 21, 2003
Secretary of State

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

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: 130 SW 39TH ST.
City-St-Zip: CAPE CORAL ST, FL

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

Title: D () Delete
Name: HARRIS, RICHARD
Address: 10044 BARDMOOR CT.
City-St-Zip: N. FT. MYERS, FL

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: JAMES H. TAYLOR

VP

02/21/2003

Electronic Signature of Signing Officer or Director

_____ Date