

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 27 1996 8:00 am
Secretary of State

DOCUMENT # 759973 (1)

1. Corporation Name

CAPE CORAL COMMUNITY CHURCH, A FREE METHODIST CO
NGREGATION, INC.



Principal Place of Business

Mailing Address

811 SANTA BARBARA BLVD
CAPE CORAL FL 33991-2072

811 SANTA BARBARA BLVD
CAPE CORAL FL 33991-2072

3. Date Incorporated or Qualified
09/11/1981

3a. Date of Last Report
06/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTER, LEWIS
5257 ELM CT
CAPE CORAL FL 33903

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

Lewis H. Walter

(NOTE: Registered Agent signature required when reinstating)

Feb. 28, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FRY, RANDY
STREET ADDRESS 3210 JUANITA BLVD
CITY-ST-ZIP CAPE CORAL FL ☒ DELETE

TITLE TD
NAME FRY, CONNIE
STREET ADDRESS 3210 JUANITA BLVD
CITY-ST-ZIP CAPE CORAL FL ☒ DELETE

TITLE S
NAME SHERWOOD, TRUDY
STREET ADDRESS 1913 SE 15TH PL
CITY-ST-ZIP CAPE CORAL FL ☐ DELETE

TITLE PD
NAME SHARPE, WILTON F.
STREET ADDRESS 418 NE 13TH PLACE
CITY-ST-ZIP CAPE CORAL, FLORIDA ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE T
1.2 NAME STEBBINS, PAULETTE
1.3 STREET ADDRESS 1421 SW 18TH TERRACE
1.4 CITY-ST-ZIP CAPE CORAL, FL 33991 ☐ Change ☒ Addition

2.1 TITLE C-D
2.2 NAME RIGBY, DAVID A.
2.3 STREET ADDRESS 818 S.W. SANTA BARBARA PL.
2.4 CITY-ST-ZIP CAPE CORAL, FL 33991 ☐ Change ☒ Addition

3.1 TITLE MT
3.2 NAME BLAIS, EDMOND
3.3 STREET ADDRESS 814 S.W. SANTA BARBARA PL.
3.4 CITY-ST-ZIP CAPE CORAL, FL 33991 ☐ Change ☒ Addition

4.1 TITLE T
4.2 NAME TOM BAYLESS
4.3 STREET ADDRESS 109 SW 17th PL.
4.4 CITY-ST-ZIP CAPE CORAL, FL 33991 ☐ Change ☒ Addition

5.1 TITLE T
5.2 NAME RON REPP
5.3 STREET ADDRESS 2016 NW 10th Terr.
5.4 CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
700001760017
-03/27/96--01091--013
***61.25 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

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

Feb. 28, 1996 (941)574-1148

Date

Daytime Phone #

CR2E037 (12/95)