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Jan 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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
03/27/1996

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

4. FEI Number
59-2126216

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☒ DELETE
NAME STEBBINS, PAULETTE
STREET ADDRESS 1421 SW 18TH TERR
CITY-ST-ZIP CAPE CORAL FL 33991

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME DIANE L. BLAIS
1.3 STREET ADDRESS 814 S.W. SANTA BARBARA PL
1.4 CITY-ST-ZIP CAPE CORAL, FL. 33991

C-D ☐ DELETE
NAME RIGBY, DAVID A
STREET ADDRESS 818 SW SANTA BARBARA PL
CITY-ST-ZIP CAPE CORAL FL 33991

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

MT ☐ DELETE
NAME BLAIS, EDMOND
STREET ADDRESS 814 SW SANTA BARBARA PL
CITY-ST-ZIP CAPE CORAL FL 33991

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

T ☐ DELETE
NAME BAYLESS, TOM
STREET ADDRESS 109 SW 17TH PL
CITY-ST-ZIP CAPE CORAL FL 33991

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

T ☐ DELETE
NAME REPP, RON
STREET ADDRESS 2016 NW 10TH TERR
CITY-ST-ZIP CAPE CORAL FL 33909

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

DONALD A. RIGBY

1-8-97

941-574-1148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088346

CR2E037 (9/96)