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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2126216

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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

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

TITLE **T** ☒ DELETE

NAME **BLAIS, DIANE L**
STREET ADDRESS **814 SW SANTA BARBARA PL**
CITY-ST-ZIP **CAPE CORAL FL**

1.1 TITLE **Treas.** ☒ Change ☐ Addition

1.2 NAME **Ron Maywell**
1.3 STREET ADDRESS **117 NE 18th Pl**
1.4 CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **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

TITLE **S** ☒ DELETE

NAME **SHERWOOD, TRUDY**
STREET ADDRESS **1913 SW 15TH PL**
CITY-ST-ZIP **CAPE CORAL FL**

3.1 TITLE **Secy** ☒ Change ☐ Addition

3.2 NAME **Ruth Walter**
3.3 STREET ADDRESS **5257 ELM CT**
3.4 CITY-ST-ZIP **CAPE CORAL FL 33903**

TITLE **MT** ☒ DELETE

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

4.1 TITLE **Trustee** ☒ Change ☐ Addition

4.2 NAME **JACK WRIGHT**
4.3 STREET ADDRESS **1720 SE 40th Terr**
4.4 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **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

TITLE **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 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 **DAVID RIGBY**

4/22/98 941 574 1148

CR2E037 (10/97)