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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 759973**

1. Corporation Name

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

Principal Place of Business

811 SANTA BARBARA BLVD  
CAPE CORAL FL 33991-2072

Mailing Address

811 SANTA BARBARA BLVD  
CAPE CORAL FL 33991-2072



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/11/1981

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**

9. Name and Address of Current Registered Agent

WALTER, LEWIS  
5257 ELM CT  
CAPE CORAL FL 33903

10. Name and Address of New Registered Agent

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

NA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

T MAXWELL, RON  
111 NW 18TH PL  
CAPE CORAL FL 33909

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

C-D RIGBY, DAVID A  
818 SW SANTA BARBARA PL  
CAPE CORAL FL 33991

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

Secretary-Director  
WALTER, RUTH  
5257 ELM CT  
CAPE CORAL FL 33903 33904

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

Trustee-Director  
WRIGHT, JACK  
1720 SE 40TH TERR  
CAPE CORAL FL 33904

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

Director  
Robert Brown  
19232 meadowbrook Ct. NW  
Fort Myers FL 33903

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

Treasurer-Director  
DOUG Gordon  
2522 N.W. 10TH TERRACE  
CAPE CORAL FL 33993

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

Director  
Bill Elliott  
630 SW Santa Barbara Place  
CAPE CORAL FL 33991

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

Director  
JOSE Burgos  
5319 Summerlin Rd. #8  
Fort Myers FL 33919

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

Director  
Jim Sadler  
1315 SE 46th Street  
CAPE CORAL FL 33904

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

Director  
Gordon Prentice  
365 Lantern Lane  
Fort Myers FL 33917

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

6.1 TITLE 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, with all other like empowered.

SIGNATURE: x

ROBERT BROWN 4-28-99 574-1148 (941)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)