

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90222 004 \*\*\*\*61.25

**DOCUMENT # 759973**

1. Entity Name

**CAPE CORAL COMMUNITY CHURCH, A FREE METHODIST CO**

Principal Place of Business

Mailing Address

811 SANTA BARBARA BLVD  
 CAPE CORAL FL 33991-2072

811 SANTA BARBARA BLVD  
 CAPE CORAL FL 33991-2072

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2126216**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALTER, LEWIS**  
**5257 ELM CT**  
**CAPE CORAL FL 33903**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIOTT, BILL	
STREET ADDRESS	630 SW SANTA BARBARA PL	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	C-D	<input type="checkbox"/> Delete
NAME	RIGBY, DAVID A	
STREET ADDRESS	818 SW SANTA BARBARA PL	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALTER, RUTH	
STREET ADDRESS	5257 ELM CT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WRIGHT, JACK	
STREET ADDRESS	1720 SE 40TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ROBERT	
STREET ADDRESS	19232 MEADOWBROOK CT NW	
CITY-ST-ZIP	FT MYERS FL 33903	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GORDON, DOUG	
STREET ADDRESS	2522 NW 10 TERR	
CITY-ST-ZIP	CAPE CORAL FL 33993	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE BURGOS	
STREET ADDRESS	140 SE 23RD TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	Larry Johnson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	18683 Baseleg Ave.	(DIRECTOR)
STREET ADDRESS	Fort Myers FL 33917	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon Prentice	
STREET ADDRESS	365 Lantern Lane	
CITY-ST-ZIP	Fort Myers FL 33917	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Sadler	
STREET ADDRESS	1315 SE 46th St.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~

4/28/00

941 574 1148

Date

Daytime Phone #

CR2E037 (9/99)