207	
ğ	

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 1/

May 15, 2001 8:00 am Secretary of State **DOCUMENT # 759973** 1. Entity Name 05-15-2001 90027 004 ****61.25 CAPE CORAL COMMUNITY CHURCH, A FREE METHODIST CO Principal Place of Business Mailing Address 811 SANTA BARBARA BLVD 811 SANTA BARBARA BLVD 764598 CAPE CORAL FL 33991-2072 CAPE CORAL FL 33991-2072 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2126216 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTER, LEWIS Street Address (P.O. Box Number is Not Acceptable) 5257 ELM CT CAPE CORAL FL 33903 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Department of State 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (10/00)TITLE ☐ Delete TITLE Change ☐ Addition ELLIOTT, BILL NAME NAME STREET ADDRESS 630 SW SANTA BARBARA PL STREET ADDRESS 3R2E037 CAPE CORAL FL 33991 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME RIGBY, DAVID A NAME 818 SW SANTA BARBARA PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WALTER, RUTH NAME NAME STREET ADDRESS 5257 ELM CT STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP DIRECTOR TITLE Delete TITLE Addition Pete Singer 4613 SE 5th St #210 CAPE CORAL FZ 3 WRIGHT, JACK NAME 1720 SE-40TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change **BURGOS, JOSE** NAME NAME BURGOS, JUSE STREET ADDRESS 140 SE 23RD TERRACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33990 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition GORDON, DOUG NAME STREET ADDRESS 2522 NW 10 TERR STREET ADDRESS CITY-ST-7IP CAPE CORAL FL 33993 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

DAVIORIGBY.

CHAIRMAN-

(941) 574

1140

4/20/01