

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759973

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2126216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTER, LEWIS
5257 ELM CT
CAPE CORAL FL 33903

7. Name and Address of New Registered Agent

Name

SANDY SINGER

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

4613 SE 5TH ST. #210

City

CAPE CORAL

FL

Zip Code

33904

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.

Sandy Singer Resident Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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

TITLE	D	ELLIOTT, BILL	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		630 SW SANTA BARBARA PL	
CITY-ST-ZIP		CAPE CORAL FL 33991	
TITLE	C-D	RIGBY, DAVID A	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		610 SW SANTA BARBARA PL	
CITY-ST-ZIP		CAPE CORAL FL 33991	
TITLE	SD	WALTER, RUTH	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		5257 ELM CT	
CITY-ST-ZIP		CAPE CORAL FL 33904	
TITLE	D	SINGER, PETE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4613 SE 5TH ST #210	
CITY-ST-ZIP		CAPE CORAL FL 33904	
TITLE	D	BURGOS, JOSE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		140 SE 23RD TERRACE	
CITY-ST-ZIP		CAPE CORAL FL 33990	
TITLE	TD	GORDON, DOUG	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2522 NW 10 TERR	
CITY-ST-ZIP		CAPE CORAL FL 33993	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	106 SW 9th Street
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID RIGBY

Director

Date

Daytime Phone #

4/30/02 (239) 574 1148

80111461



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)