2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004203

1. Entity Name
CAPFA CAPITAL CORP. 2000A

Principal Place of Business	Mailing Address
99 RIVERSIDE DR MOORE HAVEN, FL 33471	P.O. BOX 60674 FORT MYERS, FL 33906

01302006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-1039406

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, PHILIP C
3949 EVANS AVENUE
SUITE 402
FORT MYERS, FL 33901

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000475997
04/05/06-80038-021 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AHERN, JOHN
STREET ADDRESS	386 AVE L PO BOX 176
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	D
NAME	OGLETREE, HARRY N
STREET ADDRESS	242 AVE K, P.O. BOX 572
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	D
NAME	ROBERTS, LAWRENCE
STREET ADDRESS	403 AVE S, P.O. BOX 12
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	D
NAME	MCGEE, DAVE
STREET ADDRESS	300 RAILROAD AVE.
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	D
NAME	WHIDDEN, BRETT
STREET ADDRESS	657 AVE O PO BOX 967
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Philip C Bennett 3/16/06 239-277-3950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #