

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005463

FILED
May 07, 2006
Secretary of State

Entity Name: CAPE HAZE FELLOWSHIP CHURCH INC.

Current Principal Place of Business:

3754 CAPE HAZE DRIVE
ROTONDA WEST, FL 33947 US

New Principal Place of Business:

Current Mailing Address:

28 LEEWARD DRIVE
CAPE HAZE, FL 33946 US

New Mailing Address:

FEI Number: 20-2908407 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HALEY, GERARD
28 LEEWARD DRIVE
CAPE HAZE, FL 33946 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARMON, KENNETH W
Address: 15 BUNKER COURT
City-St-Zip: ROTONDA WEST, FL 33947 US

Title: SEC () Delete
Name: HARMON, JUDY
Address: 15 BUNKER COURT
City-St-Zip: ROTONDA WEST, FL 33947 US

Title: FSEC () Delete
Name: HALEY, SHIRLEY
Address: 28 LEEWARD DRIVE
City-St-Zip: CAPE HAZE, FL 33946 US

Title: TREA () Delete
Name: HALEY, GERARD
Address: 28 LEEWARD DRIVE
City-St-Zip: CAPE HAZE, FL 33946 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERARD M. HALEY

TREA

05/07/2006

Electronic Signature of Signing Officer or Director

Date