## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N05000005463

TI FILED
Jan 18, 2008
Secretary of State

Entity Name: CAPE HAZE FELLOWSHIP CHURCH INC.

Current Principal Place of Business: New Principal Place of Business:

3754 CAPE HAZE DRIVE

ROTONDA WEST, FL 33947 US

Current Mailing Address: New Mailing Address:

150 BAY HEIGHTS 28 LEEWARD DR

ENGLEWOOD, FL 34103 US CAPE HAZE, FL 33946 US

FEI Number: 20-2908407 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EFFREM, DEBORAH E HALEY, GERARD M 150 BAY HEIGHTS 28 LEEWARD DR.

ENGLEWOOD, FL 34103 US CAPE HAZE, FL 33946 US

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: GERARD M. HALEY 01/18/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ANTLE, BRUCE
 Name:

 Address:
 150 BAY HEIGHTS
 Address:

 City-St-Zip:
 ENGLEWOOD, FL 34103 US
 City-St-Zip:

Title: VP ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 EFFREM, TIMOTHY C
 Name:
 SCHLUEP, CAROLYN A

 Address:
 150 BAY HEIGHTS
 Address:
 268 ANNAPOLIS LANE

 City-St-Zip:
 ENGLEWOOD, FL 34103 US
 City-St-Zip:
 ROTONDA, FL 33947 US

Title: SEC ( ) Delete Title: FSEC (X) Change ( ) Addition

Name:EFFREM, DEBORAH EName:HALEY, SHIRLEY JAddress:150 BAY HEIGHTSAddress:28 LEEWARD DR.

City-St-Zip: ENGLEWOOD, FL 34103 US City-St-Zip: CAPE HAZE, FL 33946 US

Title: FSEC ( ) Delete Title: TREA (X) Change ( ) Addition

 Name:
 ZUK, JAMES N
 Name:
 HALEY, GERARD M

 Address:
 150 BAY HEIGHTS
 Address:
 28 LEEWARD DR.

 City-St-Zip:
 ENGLEWOOD, FL 34103 US
 City-St-Zip:
 CAPE HAZE, FL 33946 US

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN A. SCHLUEP SEC 01/18/2008