

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005463

FILED  
Apr 19, 2009  
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 DR.  
CAPE HAZE, FL 33946 US

**New Mailing Address:**

**FEI Number:** 20-2908407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALEY, GERARD M  
28 LEEWARD DR.  
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: GILLESPIE, JACK  
Address: 4255 CAPE HAZE DR.  
City-St-Zip: CAPE HAZE, FL 33946 US

Title: SEC ( ) Delete  
Name: JONES, PAM  
Address: 56 ANNAPOOLIS LANE  
City-St-Zip: ROTONDA, FL 33947 US

Title: FSEC ( ) Delete  
Name: ANERSON, TED  
Address: 22 MEDALIST CT.  
City-St-Zip: ROTONDA WEST, FL 33947 US

Title: TREA ( ) Delete  
Name: SEXTON, LEROY  
Address: 1475 FLAMINGO DR.  
City-St-Zip: ENGLEWOOD, FL 34224 US

Title: VP ( ) Delete  
Name: HALEY, SHIRLEY J  
Address: 28 LEEWARD DR.  
City-St-Zip: CAPE HAZE, FL 33946 US

Title: ACCT ( ) Delete  
Name: HALEY, GERARD M  
Address: 28 LEEWARD DR.  
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:

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 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

ACT

04/19/2009

Electronic Signature of Signing Officer or Director

Date