

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90042 001 ****61.25

DOCUMENT # N42908 1. Entity Name HOPE UNITED METHODIST CHURCH OF CAPE CORAL, INC.					
Principal Place of Business 2006 CHIQUITA BLVD. CAPE CORAL, FL 33991 US			Mailing Address 2006 CHIQUITA BLVD. CAPE CORAL, FL 33991 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number NOT APPLICABLE			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GRAY, TAMARA 2006 CHIQUITA BLVD. S. CAPE CORAL, FL 33991				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Tamara D. Gray</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, BILLY 3527 SE 6TH PLACE CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T James Thompson 5222 Sands Blvd Cape Coral, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIEGLER, TOM MR. 2122 S.W. 39TH ST. CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Burma Pacetti 4937 SW 11th Court Cape Coral, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRESHER, BOB MR. 14680 SMOKEY HOLLOW LN. NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Nancy Metz 925 SW 52nd Street Cape Coral, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, JODY 615 SE 22ND STREET CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Delbert Smith 714 SW 56th Street Cape Coral, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, JODY 615 SE 22ND STREET CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Charles Mc Creary 4516 SE 6th Place #2-C Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, JAMES 615 SE 22ND STREET CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dawn Morse 1607 SW 18th Street Cape Coral, FL 33991	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>James E. Thompson</u> 1/10/06 239-541-1415 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					