

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42908

FILED
Jan 10, 2010
Secretary of State

Entity Name: HOPE UNITED METHODIST CHURCH OF CAPE CORAL, INC.

Current Principal Place of Business:

2006 CHIQUITA BLVD.
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

2006 CHIQUITA BLVD.
CAPE CORAL, FL 33991 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CARNAHAN, LEE
2006 CHIQUITA BLVD.
CAPE CORAL, FL 33991 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: T
Name: THOMPSON, JAMES
Address: 5222 SANDS BLVD
City-St-Zip: CAPE CORAL, FL 33914

Title: T
Name: BROYLES, LONNIE
Address: 1023 SW 54TH LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: T
Name: METZ, RONALD
Address: 925 SW 52ND ST
City-St-Zip: CAPE CORAL, FL 33914

Title: T
Name: SMITH, DELBERT
Address: 714 SW 56TH ST
City-St-Zip: CAPE CORAL, FL 33914

Title: T
Name: MCCREARY, CHARLES
Address: 4516 SE 6TH PLACE # 2-C
City-St-Zip: CAPE CORAL, FL 33904

Title: T
Name: PRICE, CHUCK
Address: 535 ARCHER PARKWAY W
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: LONNIE BROYLES

T

01/10/2010

Electronic Signature of Signing Officer or Director

Date