2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001472

FILED Jul 31, 2006 Secretary of State

Entity Name: FIRST APOSTOLIC CHURCH OF CAPE CORAL, INC.

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

2131 DIPLOMAT PKWY CAPE CORAL, FL 33909

Current Mailing Address: New Mailing Address:

2131 DIPLOMAT PKWY. CAPE CORAL, FL 33909

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

SCROGGINS, MELVIN
2131 DIPLOMAT PKWY E
CAPE CORAL, FL 33909 US

BREWER, JOANN
2131 DIPLOMAT PKWY E
CAPE CORAL, FL 33909 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: PASTOR CARL C DALEY 07/31/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PAS (X) Change () Addition

Name: SHURTE, TROY W Name: DALEY, CARL C

 Address:
 1321 NE 4TH PL
 Address:
 2131 DIPLOMAT PKWY E

 City-St-Zip:
 CAPE CORAL, FL 33909
 City-St-Zip:
 CAPE CORAL, FL 33909

Title: T () Delete Title: () Change () Addition

 Name:
 ABRAMS, JEFFREY
 Name:

 Address:
 2191 BAHIA LANE
 Address:

 City-St-Zip:
 NORTH FORT MYERS, FL 33917
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 GRINDLEY, AARON
 Name:

 Address:
 1000 NE 11TH AVE.
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33909
 City-St-Zip:

 $\label{eq:title:Title:ST} {\sf Title:ST} \qquad \qquad {\sf () Delete} \qquad \qquad {\sf Title:ST} \qquad \qquad {\sf (X) Change () Addition}$

 Name:
 SCROGGINS, MELVIN
 Name:
 BREWER, JOANN

 Address:
 1748 MAGNOLIA DR.
 Address:
 13101 SHIRE LANE

 City-St-Zip:
 NORTH FORT MYERS, FL 33917
 City-St-Zip:
 FORT MYERS, FL 33912

Title: T (X) Delete Title: () Change () Addition

 Name:
 CROME, SHAWN
 Name:

 Address:
 5979 BOMAR LN
 Address:

 City-St-Zip:
 BOKEELIA, FL 33922
 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: CARL C DALEY PAS 07/31/2006