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Apr 09, 1999 8:00 am
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04-09-1999 90043 021 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000372

1. Corporation Name

THE HOME CHURCH OF CAPE CORAL, INC.

Principal Place of Business

4409 S.E. 16TH PL
CAPE CORAL FL 33904

Mailing Address

4409 S.E. 16TH PL
CAPE CORAL FL 33904



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/26/1994

4. FEI Number

65-0440497

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

EZELLE, CHARLES II
4409 SE 16TH PLACE
#9
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME EZELLE, CHARLES II
STREET ADDRESS 1394 TORREYA CIRCLE
CITY-ST-ZIP N. FT. MYERS FL 33917

TITLE D ☒ DELETE

NAME MEYER, WILLIAM
STREET ADDRESS 157 SW 51ST ST.
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE D ☐ DELETE

NAME FRANKLIN, SANDRA J
STREET ADDRESS 4477 ST. CLAIR AVE. W.
CITY-ST-ZIP N. FT. MYERS FL 33903

TITLE D ☐ DELETE

NAME EZELLE, CHARLES
STREET ADDRESS 5301 CORTEZ CT
CITY-ST-ZIP CAPE CORAL FL

TITLE D ☐ DELETE

NAME EZELLE, SHIRLEY
STREET ADDRESS 5301 CORTEZ CT
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 5301 Cortez Court
1.4 CITY-ST-ZIP Cape Coral, FL 33904

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Charles II Ezelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Ezelle II

4-2-99

941-945-4663

Date

Daytime Phone #

CR2E037-(11/98)