

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000000372**

1. Entity 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**



01082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0440497**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	EZELLE, CHARLES II
STREET ADDRESS	5301 CORTEZ COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	FRANKLIN, SANDRA J
STREET ADDRESS	4477 ST. CLAIR AVE. W.
CITY-ST-ZIP	N. FT. MYERS, FL 33903
TITLE	D
NAME	EZELLE, CHARLES
STREET ADDRESS	5301 CORTEZ CT
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	EZELLE, SHIRLEY
STREET ADDRESS	5301 CORTEZ CT
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000005855  
01/16/04-80006-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:** *Charles R Ezelle Shirley R Ezelle* 1-12-04 239-542-5523  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #