

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90041 039 \*\*\*\*61.25

**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

40002012



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
65-0440497

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 D ☐ Delete  
NAME EZELLE, CHARLES II  
STREET ADDRESS 5301 CORTEZ COURT  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5310 CORONADO PARKWAY  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 II*

Charles R. Ezelle II D 1/5/05

239-945-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #