

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001059

1. Corporation Name
TRINITY BAPTIST CHURCH OF CAPE CORAL, INC.

Principal Place of Business 1617 S.E. 12TH TERRACE CAPE CORAL FL 33990	Mailing Address 1617 S.E. 12TH TERRACE CAPE CORAL FL 33990
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338007



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/20/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0820184
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

COMBS, WILLIAM JOE
 1617 S.E. 12TH TERRACE
 CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P WILLIAM J. COMBS
STREET ADDRESS		1.3 STREET ADDRESS	1617 SE 12TH TERRACE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V PHIL ROMANOW
STREET ADDRESS		2.3 STREET ADDRESS	1015 SW 6TH COURT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	T FREDERICK S. TYRRELL
STREET ADDRESS		3.3 STREET ADDRESS	1400 TORREYA CIRCLE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FORT MYERS, FL 33917
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	TR MARY JANE SAMUELS
STREET ADDRESS		4.3 STREET ADDRESS	8081 STILLWATER COURT #3
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FORT MYERS, FL 33903
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TR TERESA HERRIN
STREET ADDRESS		5.3 STREET ADDRESS	18530 MATT ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FORT MYERS, FL 33917
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TR ROBERT MARLBANKS
STREET ADDRESS		6.3 STREET ADDRESS	265 ELLIS STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FORT MYERS, FL 33903

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: William J. Combs SIGNATURE REQUIRED 4/12/99 DATE 941-458-3339 DAYTIME PHONE

CR2E037 (11/98)