## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT
CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N98000001474 -

26

CAPE BIBLE FELLOWSHIP

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1910 DEL PRADO BLUD. CAPE CORAL, FL. 33990

1910 DEL PRADO BUD.

18 abs oak ROAD Ft. Myers, Fc. 33912

18502 DAIL BOUD

## FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90043 018 \*\*\*\*61.25

3. Date Incorporated or Qualifed

MARCH 12, 1998

0 1 4-1	#	Suite, Apt. #, etc.		4. FEI Number	Applie	ed For
Suite, Apt.	#, etc.			65-0803278	<del></del>	pplicable
City & State		City & State			\$8.75 Add	
			c = A	5. Certificate of Status Desired	Fee Requi	
	CORAL, FLORIDA	Zip Zip	Country		\$5.00 Ma	
<sup>Zip</sup> 339			Lee	6. Election Campaign Financing Trust Fund Contribution	Added to F	
24 339			,,	10. Name and Address of New Registered		
81 Name						
with	IAM R. TAYLOR	<u>L</u>	I AN	TONIO TPPOLITO		
	C 1 17 TH 57			Address (P.O. Box Number is Not Acceptable)		
1732	SW ITTH ST.		83	265 OAK ROAD		
CAPE CORAL, FL. 33991						
	-		84 City		85 Zip Cod	
			FOI	it myers, FL		1 al
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 the section 617,0503, Florida Statutes.						
_	antonio Japa	let AN	TONIO .	I PPOLITO APRIL	24, 199	<u>q</u>
	Signature, typed or printed name of registred agent ar	d trile if applicable. (NOTE: Re	gistered Agent signature	required when reinstating) DATE		15) 40
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		IN 12
TITLE	Po	<b>⊠</b> DELETE	1.1 TITLE	Po	Change	I
NAME	Taylor, william	12.	1.2 NAME	IPPOLITO, ANTONIO		
STREET ADDRESS	1732 SW 17TH ST		1.3 STREET ADDRESS	18262 DAK ROAD		}
CITY-ST-ZIP	CAPE CORAL, FLA	1. 33991	14 CITY-ST-ZIP	FORT MYERS, FLA. 339		
TITLE	VD	☐ DELETE	2.1 TITLE		Change	Addition i
NAME	WATLER ALEX		22 NAME			
STREET ADDRESS	PAIS END NITH C	<b>∠+.</b>	2.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE COLAL, FLA	. 33991	2. 4 CITY-ST-ZIP			
TITLE	SD	<b>⊠</b> DELETE	3.1 TITLE	SD	Change	Addition
NAME	RAJAVUORI, DO	<b>.</b>	3.2 NAME	WATLER, EDWINA		
STREET ADDRESS	5308 SW 19 TH AU	E	3 3 STREET ADDRESS	2213 SW 11TH CT.		ţ
	CAPE CORAL, FO	A. 33914	3.4. CITY-ST-ZIP	CAPE CORAL, FLA. 3399	. 1	Ì
CITY-ST-ZIP	<u> </u>	DELETE	4.1 TITLE	TD		Addition
NAME	LISTH, WILLIAM		4. 2 NAME	STEARNS RACHEL	-	}
	1214 SE 36TH ST.		4.3 STREET ADDRESS			
1	CAPE CORAL, FL.	33904	4.4 CITY-ST-ZIP	CAPE CORAL, FL. 339	90	1
CITY-ST-ZIP	CAFE COICH C, C.	[] DELETE	5.1 TITLE	<u> </u>		Addition
TITLE		C1 200010	5.2 NAME		_ •	
NAME			5.3 STREET ADDRESS			1
STREET ADDRESS			5,4 CITY-ST-ZIP			1
CITY-ST-ZIP		Cl perete	6.1 TITLE	<del></del>	Change	Addition
TITLE		☐ DELETE	6.2 NAME			
NAME						
STREET ADDRESS			6 3 STREET ADDRESS			-
CITY-ST-ZIP			6.4 CITY-ST-ZIP	440.07(0)(0)		
14. I hereby	certify that the information supplied with	this filing does not qualify for the	e exemption state	d in Section 119.07(3)(i), Florida Statutes. I further ce lature shall have the same legal effect as if made und	rtify that the infoller oath; that I ar	mation m an
officer or .	director of the comoration or the receive	r or trustee empowered to exec	cute this report as	required by Chapter 617, Florida Statutes; and that r	ny name appears	s in
Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.						