

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003214

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: CAPFA CAPITAL CORP.1998B

## Current Principal Place of Business:

PO BOX 399  
MOORE HAVEN, FL 33471

## New Principal Place of Business:

99 RIVERSIDE DRIVE  
MOORE HAVEN, FL 33471

## Current Mailing Address:

P.O. BOX 60674  
FORT MYERS, FL 33906 US

## New Mailing Address:

FEI Number: 65-0865145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BENNETT, PHILLIP C  
3949 EVANS AVE  
STE 402  
FORT MYERS, FL 33901 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: AHERN, JOHN  
Address: 385 AVE. L PO BOX 176  
City-St-Zip: MOORE HAVEN, FL 33471

Title: D ( ) Delete  
Name: WHIDDEN, BRETT  
Address: 657 AVE D., PO BOX 967  
City-St-Zip: MOORE HAVEN, FL 33471

Title: D ( ) Delete  
Name: OGLETREE, HARRY H  
Address: 256 AVE. K  
City-St-Zip: MOORE HAVEN, FL 33471

Title: D ( ) Delete  
Name: BRANTLEY, MICHAEL  
Address: 911 THATCHER BLVD. P.O. BOX 796  
City-St-Zip: MOORE HAVEN, FL 33471

Title: D ( ) Delete  
Name: MCGEE, DAVE  
Address: 99 RIVERSIDE DRIVE  
City-St-Zip: MOORE HAVEN, FL 33471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP C BENNETT

RA

04/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date