

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003214

FILED
Jan 21, 2009
Secretary of State

Entity Name: CAPFA CAPITAL CORP.1998B

Current Principal Place of Business:

99 RIVERSIDE DRIVE
MOORE HAVEN, FL 33471

New Principal Place of Business:

299 RIVERSIDE DRIVE
MOORE HAVEN, FL 33471

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 399
MOORE HAVEN, FL 33471 US

FEI Number: 65-0865145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

RAMUNNI, STEVEN A
299 RIVERSIDE DRIVE
MOORE HAVEN, FL 33471 US

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: STEVEN A RAMUNNI

01/21/2009

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: JOHN AHERN

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date