

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759973

**Entity Name:** CAPE CORAL COMMUNITY CHURCH, A FREE METHODIST CONGREGATION, INC.**Current Principal Place of Business:**811 SANTA BARBARA BLVD  
CAPE CORAL, FL 33991**Current Mailing Address:**811 SANTA BARBARA BLVD  
CAPE CORAL, FL 33991 US**FEI Number:** 65-0070174**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRIS, SCOTT  
507 SW 7TH STREET  
CAPE CORAL, FL 33991 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHM
Name	RIGBY, DAVID A
Address	106 SW 9TH ST
City-State-Zip:	CAPE CORAL FL 33991

Title	SD
Name	WALTER, RUTH
Address	5257 ELM CT
City-State-Zip:	CAPE CORAL FL 33904

Title	D
Name	RAMEY, LORI
Address	601 SE 18TH TERRACE
City-State-Zip:	CAPE CORAL FL 33990

Title	D
Name	GRAFF, JOHN
Address	1757 W. CORAL TERRACE
City-State-Zip:	NORTH FORT MYERS FL 33903

Title	TD
Name	HAWBAKER, LYLE
Address	1077 WINDING PINES CIRCLE #6
City-State-Zip:	CAPE CORAL FL 33909

Title	D
Name	EDER, CHARLES
Address	3046 SW 24TH AVE.
City-State-Zip:	CAPE CORAL FL 33914

Title	D
Name	GOODMAN, TIMOTHY
Address	1207 NW 20TH AVE.
City-State-Zip:	CAPE CORAL FL 33993

I hereby 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 all other like empowered.

**SIGNATURE:** RUTH WALTER

SD

03/21/2017

Electronic Signature of Signing Officer/Director Detail

Date