## **2023 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

FILED Mar 14, 2023

**Secretary of State** 

0833111535CC

Officer/Director Detail:

Title SECRETARY Title CHAIRMAN

Name LAMAY, DONNA Name DENNIS, THOMAS
Address 1140 SE 32ND TERRACE Address 1028 SE 19TH PL

City-State-Zip: CAPE CORAL FL 33904 City-State-Zip: CAPE CORAL FL 33990

Title DIRECTOR Title DIRECTOR

NameSNYDER, CARRIE MNameDAWKINS, YVONNEAddress3814 NW 44TH TERAddress1022 SE 43RD TER

City-State-Zip: CAPE CORAL FL 33993 City-State-Zip: CAPE CORAL FL 33904

TitleDIRECTORTitleDIRECTORNameBRAO, STEVENameWINN, CORY

Address 1127 SE 13TH TER Address 2212 SE 1ST TERR

City-State-Zip: CAPE CORAL FL 33990 City-State-Zip: CAPE CORAL FL 33990

Title DIRECTOR

Name SHOLIN, TIMOTHY
Address 406 NW 21ST TER

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: CARRIE SNYDER DIRECTOR 03/14/2023

Electronic Signature of Signing Officer/Director Detail

Date