

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007987

**Entity Name:** CAPFA CAPITAL CORP.2000F

**Current Principal Place of Business:**

299 RIVERSIDE DRIVE  
MOORE HAVEN, FL 33471

**Current Mailing Address:**

PO BOX 399  
MOORE HAVEN, FL 33471 US

**FEI Number:** 65-1057470

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAMUNNI, STEVEN A  
110 N MAIN STREET  
LABELLE, 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 RAMUNNI

04/18/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name WHIDDEN, BRET  
Address PO BOX 399  
City-State-Zip: MOORE HAVEN FL 33471

Title DIRECTOR  
Name DECKER, MARCUS  
Address PO BOX 399  
City-State-Zip: MOORE HAVEN FL 33471

Title PRESIDENT  
Name EIGHNER, JACOB  
Address PO BOX 399  
City-State-Zip: MOORE HAVEN FL 33471

Title DIRECTOR  
Name GUNN, JAN  
Address PO BOX 399  
City-State-Zip: MOORE HAVEN FL 33471

Title DIRECTOR  
Name BROWNING, CLAY  
Address PO BOX 399  
City-State-Zip: MOORE HAVEN FL 33471

Title SECRETARY  
Name WILLS, ASHLEY  
Address PO BOX 399  
City-State-Zip: MOORE HAVEN FL 33471

*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:** BRET WHIDDEN

VP

04/18/2022

Electronic Signature of Signing Officer/Director Detail

Date