

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002942

**FILED**  
**Jan 20, 2015**  
**Secretary of State**  
**CC9879245226**

**Entity Name:** FAMILY LIFE FELLOWSHIP OF CAPE CORAL, INC.

**Current Principal Place of Business:**

1719 NE 34TH STREET  
CAPE CORAL, FL 33909

**Current Mailing Address:**

1719 NE 34TH STREET  
CAPE CORAL, FL 33909 US

**FEI Number: 37-1623614**

**Certificate of Status Desired: No**

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

BEZARES, RAYMOND T  
1719 NE 34TH STREET  
CAPE CORAL, FL 33909 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 D  
Name HOLOHAN, THOMAS G  
Address 3013 SE 18TH PL  
City-State-Zip: CAPE CORAL FL 33904

Title D  
Name HOLOHAN, SHERRY L  
Address 3013 SE 18TH PL  
City-State-Zip: CAPE CORAL FL 33904

Title D  
Name BEZARES, RAYMOND T  
Address 1719 NE 34TH STREET  
City-State-Zip: CAPE CORAL FL 33909

Title D  
Name BLAKE, FRANCIS  
Address 6380 ARAGON WAY - UNIT #203  
City-State-Zip: FORT MYERS FL 33966

Title D  
Name MEAD, DENNIS R  
Address 4129 SW 20TH AVE  
City-State-Zip: CAPE CORAL FL 33914

*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: RAYMOND T BEZARES**

**DIRECTOR**

**01/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date