FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709540 (9)

1. Corporation Name

CAPE CORAL ROTARY CLUB, INC.

Principal Place of Business	Mailing Address
% ANDREW A. BARNETTE & ASSOCIATES P.A. 4427 DEL PRADO BVLD CAPE CORAL FL 33910	% ANDREW A. BARNETTE & ASSOCIATES P.A. 4427 DEL PRADO BVLD CAPE CORAL FL 33910

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1965
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-6198624 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BARNETTE, ANDREW A.
4427 DEL PRADO BLVD
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE		☐ Change ☐ Addition
NAME	~~BROWN, DAVID A~~	12 NAME		
STREET ADDRESS	~~4604 SW 5TH PLACE~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~CAPE CORAL FL~~	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	Tax Matters Officer	☒ Change ☐ Addition
NAME	BARNETTE, ANDREW A	22 NAME		
STREET ADDRESS	4427 DEL PRADO BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	President & Director	☒ Change ☐ Addition
NAME	HEATH, RICHARD	32 NAME		
STREET ADDRESS	5644 EICHEN CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	Vice Pres & Director	☒ Change ☐ Addition
NAME	BROWN, LEN	42 NAME		
STREET ADDRESS	1124 SW 48TH TERR., #106	43 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	MORRISSEYM, DANIEL	52 NAME		
STREET ADDRESS	603 SE 20TH CT.	53 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	Secretary & Director	☒ Change ☐ Addition
NAME		62 NAME	Steven Personette	
STREET ADDRESS		63 STREET ADDRESS	913 SE 27th Street	
CITY-ST-ZIP		64 CITY-ST-ZIP	Cape Coral, Florida 33904	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Andrew A Barnette 5/4/95 813-574-0128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000872