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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709540

1. Corporation Name

CAPE CORAL ROTARY CLUB, INC.

Principal Place of Business

% ANDREW A. BARNETTE & ASSOCIATES P.A.
4427 DEL PRADO BLVD
CAPE CORAL FL 33904
US

Mailing Address

% ANDREW A. BARNETTE & ASSOCIATES P.A.
4427 DEL PRADO BLVD
CAPE CORAL FL 33904
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/03/1965

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TMO**
STREET ADDRESS **BARNETTE, ANDREW A**
CITY-ST-ZIP **4427 DEL PRADO BLVD.**
CAPE CORAL FL 33904

TITLE ☐ DELETE
NAME **PED**
STREET ADDRESS **OLSSON, ROBERT A**
CITY-ST-ZIP **209 ELDORADO PARKWAY**
CAPE CORAL FL 33914

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **KOSZULINSKI, GEORGE W**
CITY-ST-ZIP **5213 SW 8TH PLACE**
CAPE CORAL FL 33914

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **STALLKAMP, HELEN E**
CITY-ST-ZIP **1133 LINCOLN CT**
CAPE CORAL FL 33904

TITLE ☒ DELETE
NAME **VP**
STREET ADDRESS **PERSONETTE, STEVEN**
CITY-ST-ZIP **913 SE 27TH STREET**
CAPE CORAL FL 33904

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LAMBROS, ALEXANDER**
CITY-ST-ZIP **6491 WINKLER RD**
FT. MYERS FL 33919

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PED** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **Treasurer** ☐ Change ☒ Addition
5.2 NAME **Chris Schroder**
5.3 STREET ADDRESS **2610 SW 46th Terrace**
5.4 CITY-ST-ZIP **Cape Coral FL 33914**

6.1 TITLE **VPD** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: **Andrew A. Barnette** 4/20/99 941-542-0378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)