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May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30481 (8)

1. Corporation Name

CHAMBER OF COMMERCE OF CAPE CORAL, INC.



Principal Place of Business

Mailing Address

2051 CAPE CORAL PKWY.
P.O. BOX 747
CAPE CORAL FL 33904
US2051 CAPE CORAL PKWY.
P.O. BOX 747
CAPE CORAL FL 33910-0747
US3. Date Incorporated or Qualified
02/02/19893a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0120687

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOCKARD, DOUGLAS W
2051 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC
NAME BRADEN, BERNIE
STREET ADDRESS 1508 SE 14TH STREET, #3
CITY-ST-ZIP CAPE CORAL FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D
NAME BARTON, RICHARD D.
STREET ADDRESS 455 CAPE CORAL PKWY.
CITY-ST-ZIP CAPE CORAL FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PM
NAME LOCKARD, DOUGLAS W.
STREET ADDRESS 2051 CAPE CORAL PARKWAY
CITY-ST-ZIP CAPE CORAL FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME WUNDERLICH, RICHARD
STREET ADDRESS 4049 DEL PARADO BLVD., S
CITY-ST-ZIP CAPE CORAL FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME TATE, GLORIA
STREET ADDRESS 4812 CAPE CORAL STREET
CITY-ST-ZIP CAPE CORAL FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE DT
NAME QUAINANCE, MICHAEL
STREET ADDRESS 4314 SW 3RD AVE
CITY-ST-ZIP CAPE CAROL FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Signature, typed or printed name of signing officer or director Douglas W. Lockard 4/30/97 (941) 549-6900

CR2E037 (9/96)