

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000006906

**FILED**  
**Jan 29, 2024**  
**Secretary of State**  
**9614103393CC**

**Entity Name:** CAPE CORAL FIRE DEPARTMENT COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

2710 DEL PRADO BLVD S  
2-253  
CAPE CORAL, FL 33904

**Current Mailing Address:**

2710 DEL PRADO BLVD S  
2-253  
CAPE CORAL, FL 33904 US

**FEI Number: 87-1366614**

**Certificate of Status Desired: No**

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

DAVIS, JOSEPH L  
2049 SE 16TH STREET  
CAPE CORAL, FL 33990 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 P  
Name DAVIS, JOSEPH L  
Address 2049 SE 16TH STREET  
City-State-Zip: CAPE CORAL FL 33990

Title VP  
Name PARKER, KIMBERLY R  
Address 1718 SE 10TH STREET  
City-State-Zip: CAPE CORAL FL 33990

Title TREA  
Name DAVIS, JENNIFER M  
Address 2049 SE 16TH STREET  
City-State-Zip: CAPE CORAL FL 33990

Title SECRETARY  
Name FRITTS, COLETTE  
Address 2540 SW 11TH COURT  
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: JOSEPH L. DAVIS**

**PRESIDENT**

**01/29/2024**

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

\_\_\_\_\_  
Date