

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30481

Entity Name: CHAMBER OF COMMERCE OF CAPE CORAL, INC.**Current Principal Place of Business:**2051 CAPE CORAL PKWY. E.
CAPE CORAL, FL 33904**Current Mailing Address:**PO BOX 100747
CAPE CORAL, FL 33910 US**FEI Number:** 65-0120687**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERMAIN, DONNA
2051 CAPE CORAL PKWY
CAPE CORAL, FL 33904 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:** DONNA GERMAIN

01/26/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name CONSTANTINO, TONY
Address 4507 SE 16TH PL.
City-State-Zip: CAPE CORAL FL 33904

Title PAST CHAIRMAN
Name BISBE, BRETT
Address PO BOX 150051
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name BOLTER, ED
Address 14580 GLOBAL PARKWAY
 SUITE 104
City-State-Zip: FORT MYERS FL 33913

Title VC
Name FRANCIONI, JOSEPH
Address 6182 IDLEWILD STREET
City-State-Zip: FORT MYERS FL 33966

Title P
Name GERMAIN, DONNA
Address 2051 CAPE CORAL PKWY E.
City-State-Zip: CAPE CORAL FL 33904

Title CHAIRMAN
Name LASSITER, TRISH
Address 4980 BAYLINE DRIVE
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR
Name CONNOR, MATT
Address 1406 SE 46TH LN #7
City-State-Zip: CAPE CORAL FL 33904

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: DONNA GERMAIN**PRESIDENT**

01/26/2017

Electronic Signature of Signing Officer/Director Detail

Date