


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90475 013 \*\*\*\*61.25

<b>DOCUMENT # 709540</b> 1. Entity Name <b>CAPE CORAL ROTARY CLUB, INC.</b>					
Principal Place of Business <b>% ANDREW A. BARNETTE &amp; ASSOCIATES P.A.</b> <b>4427 DEL PRADO BLVD</b> <b>CAPE CORAL, FL 33904 US</b>			Mailing Address <b>% ANDREW A. BARNETTE &amp; ASSOCIATES P.A.</b> <b>4427 DEL PRADO BLVD</b> <b>CAPE CORAL, FL 33904 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6198624</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BARNETTE, ANDREW A.</b> <b>4427 DEL PRADO BLVD</b> <b>CAPE CORAL, FL 33904</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to: <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TMPP	<input type="checkbox"/> Delete	TITLE	TM VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETTE, ANDREW A		NAME		
STREET ADDRESS	4427 DEL PRADO BLVD.		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33904		CITY - ST - ZIP		
TITLE	VP3	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOCK, RON		NAME		
STREET ADDRESS	4011 SW 28TH PLACE		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33914		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKS, STEVE		NAME		
STREET ADDRESS	6645 KESTREL CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33912		CITY - ST - ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	SAA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STALLKAMP, HELEN E		NAME	Peter R. Kearney	
STREET ADDRESS	1133 LINCOLN CT		STREET ADDRESS	1216 NW 17th Street	
CITY - ST - ZIP	CAPE CORAL, FL 33904		CITY - ST - ZIP	CAPE CORAL, FL 33993	
TITLE	SE	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANSING, STEVE		NAME		
STREET ADDRESS	2506 S.W. 52ND STREET		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33914		CITY - ST - ZIP		
TITLE	SAA	<input type="checkbox"/> Delete	TITLE	SE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, RUSS		NAME		
STREET ADDRESS	3776 HIDDEN ACRES CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	NORTH FORT MYERS, FL 33903		CITY - ST - ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Andrew A Barnett</i> <b>ANDREW A Barnett</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <b>2/7/04</b> <small>Daytime Phone #</small>					

**54053952**



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