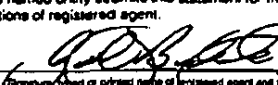
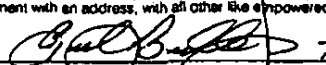


FILED
Apr 06, 2007 8:00 am
Secretary of State

3/7/

03-07-2007 90006 049 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 709540			
1. Entity 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 - No P.O. Box # 6719 Winkler Rd. Suite, Apt. #, etc. SUITE 112 City & State FORT MYERS, FL Zip 33919 Country		3. Mailing Address 6719 Winkler Rd. Suite, Apt. #, etc. SUITE 112 City & State FORT MYERS, FL Zip 33919 Country	
4. FEI Number 59-6198624		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNETTE, ANDREW A. 4427 DEL PRADO BLVD CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name CYRIL J. BUDDE, JR. Street Address (P.O. Box Number is Not Acceptable) 6719 Winkler Rd, Suite 112 City FORT MYERS FL Zip Code 33919	
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:  TMO DATE: 2/27/2007			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TMO BARNETTE, ANDREW A 4427 DEL PRADO BLVD. CAPE CORAL, FL 33904 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP TMO CYRIL J. BUDDE, JR. 6719 WINKLER RD, SUITE 112 FORT MYERS FL 33919 ☒ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S SECRETARY JOHNSON, PAM 118 SW 21ST LN CAPE CORAL, FL 33901 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT ELEC SHARON HESTON 154 ELEPHANT WAY FORT MYERS FL 33917 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP HAWKS, STEVE 6645 KESTREL CIRCLE FORT MYERS, FL 33912 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ST SECRETARY / TREASURER CHERYL LEFTWICH 4111 SW 1st Ave CAPE CORAL, FL 33904 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SAA SARGENT AT ARMS THOMAS, L. BURT 4887 LITTLE RIVER LN FORT MYERS, FL 33905 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP SAA SARGENT AT ARMS RUSS RINGLAND 15970 KALISON LANE FORT MYERS, FL 33912 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P PANSING, STEVE 2506 S.W. 52ND STREET CAPE CORAL, FL 33914 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP VP VICE PRESIDENT PANSING, STEVE 2506 SW 52 STREET CAPE CORAL, FL 33914 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PE BAKER, RUSS 3776 HIDDEN ACRES CIRCLE NORTH FORT MYERS, FL 33903 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT BAKER, RUSS 3776 HIDDEN ACRES CIRCLE NORTH FORT MYERS, FL 33903 ☒ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
SIGNATURE:  TMO		Date: 2/27/2007 239-590-9550	