

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90012 047 \*\*\*\*61.25

DOCUMENT # 709540

1. Entity Name  
CAPE CORAL ROTARY CLUB, INC.



Principal Place of Business  
617 WINKLER RD  
SUITE 112  
FORT MYERS, FL 33919 US

Mailing Address  
617 WINKLER RD  
SUITE 112  
FORT MYERS, FL 33919 US



2. Principal Place of Business - No P.O. Box #

6719 WINKLER RD

3. Mailing Address

Suite, Apt. #, etc.

04172008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

# 114

City & State

City & State  
FT MYERS FL

4. FEI Number  
59-6198624

Applied For  
Not Applicable

Zip  
33919

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

-6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUDDE, CYBIL J JR  
6719 WINKLER RD SUITE 112  
FORT MYERS, FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

6719 WINKLER RD # 114

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BUDDE, CYBIL J JR  
6719 WINKLER RD SUITE 112  
FORT MYERS, FL 33919 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
JOHNSON, PAM  
118 SW 21ST LN  
CAPE CORAL, FL 33991 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PE  
SCOTT, DAVID  
1220 NW 43RD AVE  
CAPE CORAL FL 33993 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
LEFTONEN, CHERYL  
4111 SE 1ST AVE  
CAPE CORAL, FL 33904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SAA  
THOMAS, L BURT  
4897 LITTLE RIVER LN  
FORT MYERS, FL 33905 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
HAUCK, TIM  
3509 SE 17TH AVE  
CAPE CORAL FL 33904 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PANSING, STEVE  
2506 S.W. 52ND STREET  
CAPE CORAL, FL 33914 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MUHLENBRUCH, DOMINIC  
2129 SW 40TH TERRACE  
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  
☐ 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:

*C. Leftonen* Pres. Elect

4/23/08

540-3547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #