# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 713965 (2)

1. Corporation Name

CAPE CORAL REPUBLICAN CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 1759<br>CAPE CORAL FL 33910 | P.O. BOX 1759<br>CAPE CORAL FL 33910 |

3. Date Incorporated or Qualified: 01/17/1968
3a. Date of Last Report: 10/12/1994
4. FEI Number: 65-0125797 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

CONWAY, JAMES
4830 LUCAYA DR.
APT.5
CAPE CORAL FL 33904

**10. Name and Address of New Registered Agent**

91 Name: Chris Stone
92 Street Address (P.O. Box Number is Not Acceptable): 3141 SE 22nd AVE
93
94 City: CAPE CORAL FL 85 Zip Code: 33904

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] TRES. Chris Stone 4-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | BOWERS, EARL | 1.2 NAME | Francis Bell | |
| STREET ADDRESS | 5016 SAXONY CT. | 1.3 STREET ADDRESS | 226 SW 38th Terr | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | 1.4 CITY-ST-ZIP | Cape Coral, FL 33914 | |
| TITLE | TD | 2.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | YURISIC, BETTY | 2.2 NAME | Chris Stone | |
| STREET ADDRESS | 4227 S.W. SANTA BARBARA PL. | 2.3 STREET ADDRESS | 3141 SE 22nd Ave | |
| CITY-ST-ZIP | CAPE CORAL FL | 2.4 CITY-ST-ZIP | Cape Coral FL 33904 | |
| TITLE | VD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GEARING, GERALD | 3.2 NAME | | |
| STREET ADDRESS | 2033 S.E. 27TH TERRACE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CAPE CORAL FL | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] TRES. Chris Stone 4-20-95 813-549-8202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

008904