2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# 725409

Entity Name: THE CAPE CORAL POLICE BENEVOLENT ASSOCIATION INC

Current Principal Place of Business:

815 NICHOLAS PKWY
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 150895
CAPE CORAL, FL 33915 US

New Mailing Address:

FEI Number: 59-1738391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEYMOUR, CHRISTINE
815 NICHOLAS PKWY
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARNES, LISA
Address: 815 NICHOLAS PKWY
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VD ( ) Delete
Name: HEWITT, CARL
Address: 815 NICHOLAS PKWY
City-St-Zip: CAPE CORAL, FL 33990 US

Title: SD ( ) Delete
Name: SEMIKEN, DONNA
Address: 815 NICHOLAS PKWY
City-St-Zip: CAPE CORAL, FL 33990 US

Title: TD ( ) Delete
Name: SEYMOUR, CHRISTINE
Address: 815 NICHOLAS PKWY
City-St-Zip: CAPE CORAL, FL 33990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SEYMOUR, CHRISTINE
Address: 815 NICHOLAS PKWY
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VD (X) Change ( ) Addition
Name: WALKER, BENNETT
Address: 815 NICHOLAS PKWY
City-St-Zip: CAPE CORAL, FL 33990 US

Title: SD (X) Change ( ) Addition
Name: RALL, CAROL
Address: 815 NICHOLAS PKWY
City-St-Zip: CAPE CORAL, FL 33990 US

Title: TD (X) Change ( ) Addition
Name: MCCART, SHERYL
Address: 815 NICHOLAS PKWY
City-St-Zip: CAPE CORAL, FL 33990 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE SEYMOUR PD 04/07/2004

Electronic Signature of Signing Officer or Director — Date