

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 725409

FILED
Aug 28, 2006
Secretary of State

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:

P. O. BOX 150027
CAPE CORAL, FL 33915 US

FEI Number: 59-1738391 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RALL, THOMAS
815 NICHOLAS PKWY
CAPE CORAL, FL 33990 US

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: THOMAS RALL

08/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: THOMAS RALL

PD

08/28/2006

Electronic Signature of Signing Officer or Director

Date