## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#725409** 

FILED May 01, 2008 Secretary of State

Entity Name: THE CAPE CORAL POLICE BENEVOLENT ASSOCIATION INC

US

Current Principal Place of Business: New Principal Place of Business:

815 NICHOLAS PKWY CAPE CORAL, FL 33990

Current Mailing Address: 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: Name and Address of New Registered Agent:

RALL, THOMAS SEYMOUR, CHRISTINE 815 NICHOLAS PKWY 815 NICHOLAS PKWY

CAPE CORAL, FL 33990 US 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: CHRISTINE SEYMOUR 05/01/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: RALL, THOMAS Name: SEYMOUR, CHRISTINE

Address: 815 NICHOLAS PKWY
City-St-Zip: CAPE CORAL, FL 33990 US
CAPE CORAL, FL 33990 US

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 LUCAS, PAT
 Name:
 BROWNSON, TODD

 Address:
 815 NICHOLAS PKWY
 Address:
 815 NICHOLAS PKWY

 City-St-Zip:
 CAPE CORAL, FL 33990 US
 City-St-Zip:
 CAPE CORAL, FL 33990 US

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 RALL, CAROL
 Name:
 PENA, MARISOL

 Address:
 815 NICHOLAS PKWY
 Address:
 815 NICHOLAS PKWY

 City-St-Zip:
 CAPE CORAL, FL 33990 US
 City-St-Zip:
 CAPE CORAL, FL 33990 US

Title: TD () Delete Title: TD (X) Change () Addition

Name: MCCART, SHERYL Name: LUCAS, PATRICIA
Address: 815 NICHOLAS PKWY
City-St-Zip: CAPE CORAL, FL 33990 US

Name: LUCAS, PATRICIA
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 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: CHRISTINE SEYMOUR PD 05/01/2008