

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725409

FILED  
Mar 24, 2009  
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 150027  
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: SEYMOUR, CHRISTINE  
Address: 815 NICHOLAS PKWY  
City-St-Zip: CAPE CORAL, FL 33990 US

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: RALL, CAROL  
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 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

PRES

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date