

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725409

**FILED**  
**Apr 28, 2010**  
**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:**

1100 CULTURAL PARK BLVD.  
CAPE CORAL, FL 33990 US

**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:**

SEYMOUR, CHRISTINE  
1100CULTURAL PARK BLVD  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SEYMOUR, CHRISTINE  
Address: 1100 CULTURAL PARK BLVD.  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VD  
Name: RALL, CAROL  
Address: 1100 CULTURAL PARK BLVD  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: SD  
Name: PENA, MARISOL  
Address: 1100 CULTURAL PARK BLVD  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: TD  
Name: LUCAS, PATRICIA  
Address: 1100 CULTURAL PARK BLVD  
City-St-Zip: CAPE CORAL, FL 33990 US

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE SEYMOUR

PRES

04/28/2010

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

\_\_\_\_\_  
Date