FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **727900** **(3)**

1. Corporation Name
THE PHILANTHROPIC FOUNDATION OF CAPE CORAL, INC.

Principal Place of Business	Mailing Address
4427 DEL PRADO BLVD. CAPE CORAL FL 33904	4427 DEL PRADO BLVD. CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7410312 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNETTE, ANDREW A. 4427 DEL PRADO BV CAPE CORAL FL 33904	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	HAFER, RICHARD	12 NAME		
STREET ADDRESS	3417 SW 8TH ST	13 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	President, Director	☒ Change ☐ Addition
NAME	WARCHOL, MARTHA S.	22 NAME	Dixie Lee Ball	
STREET ADDRESS	1633 SE 47TH TERRACE	23 STREET ADDRESS	1201 Cape Coral Parkway	
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP	Cape Coral, Florida 33904	
TITLE	PD	31 TITLE	Vice Pres & Director	☒ Change ☐ Addition
NAME	OSTROWSKY, DON	32 NAME	M. T. Swift	
STREET ADDRESS	1227 DEL PRADO BLVD.	33 STREET ADDRESS	919 Country Club Boulevard	
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP	Cape Coral, Florida 33990	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	HOF, JAMES	42 NAME		
STREET ADDRESS	3922 SE 2ND AVE	43 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE	Treasurer, Director	☒ Change ☐ Addition
NAME	GILBERT, CORA C/O CAPE	52 NAME		
STREET ADDRESS	919 COUNTRY CLUB BOULEVARD	53 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	54 CITY-ST-ZIP		
TITLE	DV	61 TITLE	Director, Tax Matters Officer	☒ Change ☐ Addition
NAME	BARNETTE, ANDREW A. T	62 NAME		
STREET ADDRESS	4427 DEL PRADO BOULEVARD	63 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cora A Gilbert Treasurer — 04/25/95 — (813) 542-0378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CORA A GILBERT, TREASURER

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