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Mar 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 727900 (3)  
1. Corporation Name  
THE PHILANTHROPIC FOUNDATION OF CAPE CORAL, INC.



Principal Place of Business Mailing Address  
4427 DEL PRADO BLVD. 4427 DEL PRADO BLVD.  
CAPE CORAL FL 33904 CAPE CORAL FL 33904-7440

3. Date Incorporated or Qualified 10/30/1973 3a. Date of Last Report 05/01/1996

|                                |                        |  |   |
|--------------------------------|------------------------|--|---|
| 2. Principal Place of Business | 2b. Mailing Address    | 4. FEI Number  | Applied For   |
| 21 Suite, Apt. #, etc.         | 26 P.O. BOX 32         | 23-7410312   | Not Applicable  |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required  |
| 23 Zip                         | 28 CAPE CORAL, FLORIDA | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees   |
| 24 Country                     | 29 33910               | 30 USA   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |
|                                |                        |  | <input type="checkbox"/> Yes <input type="checkbox"/> 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| NAME                       | HAER, RICHARD                                | 1.2 NAME  |  |
| STREET ADDRESS             | 3417 SW 8TH ST                               | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CAPE CORAL FL                                | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD <input type="checkbox"/> DELETE           | 2.1 TITLE   | C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       | BALL, DIXIE LEE                              | 2.2 NAME  | WARCHOL, MARTHA  |
| STREET ADDRESS             | 1201 CAPE CORAL PARKWAY                      | 2.3 STREET ADDRESS                                    | 1633 SE 47TH TERRACE   |
| CITY-ST-ZIP                | CAPE CORAL FL                                | 2.4 CITY-ST-ZIP                                       | CAPE CORAL, FLORIDA 33904  |
| TITLE                      | PD <input type="checkbox"/> DELETE           | 3.1 TITLE   | VC/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | SWIFT, M.T.                                  | 3.2 NAME  | BIGGS, ROBERT  |
| STREET ADDRESS             | 919 COUNTRY CLUB BOULEVARD                   | 3.3 STREET ADDRESS                                    | 4015 SE 20TH PLACE #504  |
| CITY-ST-ZIP                | CAPE CORAL FL                                | 3.4 CITY-ST-ZIP                                       | CAPE CORAL, FLORIDA 33904  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| NAME                       | HOF, JAMES                                   | 4.2 NAME  |  |
| STREET ADDRESS             | 3922 SE 2ND AVE                              | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CAPE CORAL FL                                | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | GILBERT, CORA                                | 5.2 NAME  | TABOR, ELMER W.  |
| STREET ADDRESS             | 919 COUNTRY CLUB BOULEVARD                   | 5.3 STREET ADDRESS                                    | 1219 CAPE CORAL PARKWAY  |
| CITY-ST-ZIP                | CAPE CORAL FL                                | 5.4 CITY-ST-ZIP                                       | CAPE CORAL, FLORIDA 33904  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| NAME                       | BARNETTE, ANDREW A. T                        | 6.2 NAME  | BARNETTE, ANDREW A.  |
| STREET ADDRESS             | 4427 DEL PRADO BOULEVARD                     | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CAPE CORAL FL                                | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Andrew A. T. Barnett Andrew A. T. Barnett 2/28/97 941-542-2194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055064

CR2E037 (9/96)