


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727900** (3)
1. Corporation Name
THE PHILANTHROPIC FOUNDATION OF CAPE CORAL, INC.



Principal Place of Business 4427 DEL PRADO BLVD. CAPE CORAL FL 33904		Mailing Address P.O. BOX 32 CAPE CORAL FL 33910 US		3. Date Incorporated or Qualified 10/30/1973	
2. Principal Place of Business 21 4731 Vincennes Blvd.		2a. Mailing Address 25		4. FEI Number 23-7410312	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Cape Coral, FL		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33904		Country 25 U.S.		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BARNETTE, ANDREW A. 4427 DEL PRADO BV CAPE CORAL FL 33904		10. Name and Address of New Registered Agent 81 Name Patricia K. Portman 82 Street Address (P.O. Box Number is Not Acceptable) 1751 N.W. 24th PL. 83 84 City Cape Coral FL 85 Zip Code 33993	
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 <i>Patricia K. Portman</i> Patricia K. Portman, Executive Dir. 1-27-98 Signature, typed or printed name of registered agent and title if applicable. (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 HAFFER, RICHARD 3417 SW 8TH ST CAPE CORAL FL	1.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Biqgs 4015 S.E. 20th PL. #504 Cape Coral, FL 33904
TITLE PD	<input checked="" type="checkbox"/> DELETE BALL, DIXIE LEE 1201 CAPE CORAL PARKWAY CAPE CORAL FL	2.1 TITLE S/D T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Martha S. Warchol 1633 S.E. 47th Terr. Cape Coral, FL 33904
TITLE VD	<input type="checkbox"/> DELETE SWIFT, M.T. 919 COUNTRY CLUB BOULEVARD CAPE CORAL FL	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SWIFT, M.T. 919 Country Club Boulevard Cape Coral, FL 33990
TITLE D	<input checked="" type="checkbox"/> DELETE HOF, JAMES 3922 SE 2ND AVE CAPE CORAL FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	<input type="checkbox"/> DELETE TABOR, ELMER W. 1219 CAPE CORAL PARKWAY CAPE CORAL FL	5.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TABOR, ELMER W. 1219 Cape Coral Parkway Cape Coral, FL 33904
TITLE D	<input checked="" type="checkbox"/> DELETE BARNETTE, ANDREW A. 4427 DEL PRADO BOULEVARD CAPE CORAL FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Patricia K. Portman* **SIGNATURE REQUIRED** 1-27-98 941-542-0700
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0058467

CR2E037 (10/97)