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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727900

1. Corporation Name

THE PHILANTHROPIC FOUNDATION OF CAPE CORAL, INC.

Principal Place of Business

4731 VINCENNES BLVD
CAPE CORAL FL 33904
US

Mailing Address

P.O. BOX 32
CAPE CORAL FL 33910
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/30/1973

4. FEI Number

23-7410312

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PORTMAN, PATRICIA K
1751 NW 24TH PL
CAPE CORAL FL 33993

10. Name and Address of New Registered Agent

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: Patricia K. Portman, Executive Dir. 1-4-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HAFER, RICHARD
STREET ADDRESS 3417 SW 8TH ST
CITY-ST-ZIP CAPE CORAL FL

TITLE VD ☐ DELETE

NAME BIGGS, ROBERT
STREET ADDRESS 4015 SE 20TH PL #504
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ DELETE

NAME SWIFT, M.T.
STREET ADDRESS 919 COUNTRY CLUB BOULEVARD
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE SDTD ☐ DELETE

NAME WARCHOL, MARTHA S
STREET ADDRESS 1633 SE 47TH TERR
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE PD ☐ DELETE

NAME TABOR, ELMER W.
STREET ADDRESS 1219 CAPE CORAL PARKWAY
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA S. WARCHOL

1/4/99

941-542-0700

Daytime Phone #

CR2E037 (1/98)