

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727900

FILED
Mar 22, 2004
Secretary of State**Entity Name:** THE PHILANTHROPIC FOUNDATION OF CAPE CORAL, INC.**Current Principal Place of Business:**4729 VINCENNES BLVD
CAPE CORAL, FL 33904 US**New Principal Place of Business:****Current Mailing Address:**4729 VINCENNES BLVD
CAPE CORAL, FL 33904 US**New Mailing Address:****FEI Number:** 23-7410312 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PORTMAN, PATRICIA K
1541 NW 25TH AVE.
CAPE CORAL, FL 33993 US**Name and Address of New Registered Agent:**

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

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: RHODES, DONALD
Address: 1402 SE 46TH LANE
City-St-Zip: CAPE CORAL, FL

Title: VD () Delete
Name: WARCHOL, MARTHA S
Address: 1633 S.E. 47TH TERR.
City-St-Zip: CAPE CORAL, FL 33904

Title: PD () Delete
Name: ROBINSON, CAROL
Address: 8060 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33919

Title: SD () Delete
Name: SCHNELL, DON A
Address: 455 CAPE CORAL PKWY #1
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RHODES, DONALD
Address: 1402 SE 46TH LANE
City-St-Zip: CAPE CORAL, FL

Title: VD (X) Change () Addition
Name: POHLMAN, STEVE
Address: P.O. BOX 150027
City-St-Zip: CAPE CORAL, FL 33915

Title: TD (X) Change () Addition
Name: ROBINSON, CAROL
Address: 8060 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33919

Title: SD (X) Change () Addition
Name: BARTON, RICHARD
Address: 447 CAPE CORAL PARKWAY
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONALD R. RHODES

PD

03/22/2004

Electronic Signature of Signing Officer or Director

Date