

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90067 014 ****61.25

DOCUMENT # 727900

1. Entity Name

THE PHILANTHROPIC FOUNDATION OF CAPE CORAL, INC.



Principal Place of Business

4729 VINCENNES BLVD
CAPE CORAL FL 33904
US

Mailing Address

4729 VINCENNES BLVD
CAPE CORAL FL 33904
US

30017888



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7410312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTMAN, PATRICIA K
1541 NW 25TH AVE.
CAPE CORAL FL 33993

7. Name and Address of New Registered Agent

Name Judith V. McGruther

Street Address (P.O. Box Number is Not Acceptable)
4129 Vincennes BLVD

City CAPE CORAL FL 33904 Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RHODES, DONALD
STREET ADDRESS 1402 SE 46TH LANE
CITY-ST-ZIP CAPE CORAL FL

TITLE VD ☐ Delete
NAME POHLMAN, STEVE
STREET ADDRESS P.O. BOX 150027
CITY-ST-ZIP CAPE CORAL FL 33915

TITLE TD ☒ Delete
NAME ROBINSON, CAROL
STREET ADDRESS 8060 COLLEGE PARKWAY
CITY-ST-ZIP FORT MYERS FL 33919

TITLE SD ☐ Delete
NAME BARTON, RICHARD
STREET ADDRESS 447 CAPE CORAL PARKWAY
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME CHAIRMAN
STREET ADDRESS MARTHA S. Warchol
CITY-ST-ZIP 1633 SE 4TH TERRACE
CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald Rhodes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas.

Date

2/17/05

Daytime Phone #