

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90019 010 ****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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 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 <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent MCGRUTHER, JUDITH V 4129 VINCENNES BLVD CAPE CORAL FL 33904				7. Name and Address of New Registered Agent Name McGruther, Judith V. Street Address (P.O. Box Number is Not Acceptable) 4129 Vincennes Blvd City FL Zip Code			
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RHODES, DONALD			NAME			
STREET ADDRESS	1402 SE 46TH LANE			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POHLMAN, STEVE			NAME			
STREET ADDRESS	P.O. BOX 150027			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33915			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARCHOL, MARTHA S			NAME			
STREET ADDRESS	1633 SE 47TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTON, RICHARD			NAME			
STREET ADDRESS	447 CAPE CORAL PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Halverson, Tim		
STREET ADDRESS				STREET ADDRESS	4544 Coronado Pkwy		
CITY-ST-ZIP				CITY-ST-ZIP	Cape Coral FL 33904		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **Judith V. McGruther** (639)
 Executive Director 1-31-06 542-5594