

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90087 044 ****61.25

DOCUMENT # 727900

1. Entity Name
CAPE CORAL COMMUNITY FOUNDATION, 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112007 Chg-NP CR2E037 (12/06)

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

MCGRUTHER, JUDITHN V
4729 VINCENNES BLVD
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name Beth T. Sanger

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

City

FL

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

Filing Fee is \$61.25
Due by May 1, 2007

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

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

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

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

V
NAME HALVERSON, TIM ☐ Delete
STREET ADDRESS 4544 CORONADO PKWY
CITY-ST-ZIP CAPE CORAL, FL 33904

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #