2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# 727900

Entity Name: CAPE CORAL COMMUNITY FOUNDATION, 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:

SANGER, BETH T
4729 VINCENNES BLVD
CAPE CORAL, FL 33904 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: T ( ) Delete
Name: MOSTELLER, KAREN
Address: 8961 CONFERENCE DRIVE #1
City-St-Zip: FORT MYERS, FL 33919

Title: C ( ) Delete
Name: POHLMAN, STEVE
Address: P.O. BOX 150027
City-St-Zip: CAPE CORAL, FL 33915

Title: S ( ) Delete
Name: WARCHOL, MARTHA S
Address: 1633 SE 47TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: V ( ) Delete
Name: KNIGHT, ROBERT
Address: 4524 SE 16TH PLACE #2C
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: PADGETT, JOE
Address: P.O. BOX 3455
City-St-Zip: N. FT. MYERS, FL 33918

Title: S (X) Change ( ) Addition
Name: KIBURZ, SAMUEL
Address: 8060 COLLEGE PKWY SW
City-St-Zip: FT. MYERS, FL 33919

Title: C (X) Change ( ) Addition
Name: KNIGHT, ROBERT
Address: 4524 SE 16TH PLACE #2C
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Change (X) Addition
Name: SANGER, BETH T
Address: 4729 VINCENNES BLVD
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHELLE ADAMSON FOR BETH SANGER D 03/30/2009

Electronic Signature of Signing Officer or Director Date