

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727900

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**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  
Name: MOSTELLER, KAREN  
Address: 8961 CONFERENCE DRIVE #1  
City-St-Zip: FORT MYERS, FL 33919

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

Title: S  
Name: KIBURZ, SAMUEL  
Address: 7960 SUMMERLIN LAKES DRIVE  
City-St-Zip: FT. MYERS, FL 33907

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** BETH T. SANGER

D

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date