

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90117 016 ****61.25

DOCUMENT # 727900

1. Entity Name

THE PHILANTHROPIC FOUNDATION OF CAPE CORAL, INC.



Principal Place of Business

4729 VINCENTES BLVD
CAPE CORAL FL 33904
US

Mailing Address

PO BOX 100032 4729 Vincennes Blvd
CAPE CORAL FL 33910 33904
US

2. Principal Place of Business

4729 Vincennes Blvd.

3. Mailing Address

4729 Vincennes Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida

Zip

33904

Country

US

Zip

33904

Country

US

4. FEI Number **23-7410312**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PORTMAN, PATRICIA K
1751 NW 24TH PL
CAPE CORAL FL 33993

7. Name and Address of New Registered Agent

Name **Patricia K. Portman**

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

1541 NW 25th Ave.

City **Cape Coral**

FL

Zip Code

33993

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

Patricia K. Portman, Executive Director

1/7/03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☐ Change ☒ Addition
NAME **MARTHA S. WARCHOL**
STREET ADDRESS **1633 S.E. 47th Terrace**
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **PD** ☒ Delete
NAME **LIMA, TRACY**
STREET ADDRESS **12751 NEW BRITTANY BLVD**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **PD** ☒ Change ☐ Addition
NAME **Robinson, Carol**
STREET ADDRESS **8060 College Parkway**
CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE **PD** ☐ Delete
NAME **ROBINSON, CAROL**
STREET ADDRESS **8060 COLLEGE PARKWAY**
CITY-ST-ZIP **FORT MYERS FL 33919**

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

TITLE **SD** ☐ Delete
NAME **SCHNELL, DON A**
STREET ADDRESS **455 CAPE CORAL PKWY #1**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 R. Rhodes **1/9/03** **(239) 542-5594**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)