

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90436 017 ****70.00

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1. Entity Name

CAPE CORAL YOUTH CRIME INTERVENTION CENTER,
INC.



Principal Place of Business

1333-B LAFAYETTE ST.
CAPE CORAL FL 33906

Mailing Address

P.O. BOX 152413
CAPE CORAL FL 33915

2. Principal Place of Business

315 SW 3rd St.

3. Mailing Address

P.O. BOX 152413

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Cape Coral, FL

City & State

Cape Coral FL

4. FEI Number

65-1019120

Applied For

Not Applicable

Zip

33914

Country

USA

Zip

33914

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SETHMAN, CAROL
1311 S.E. 17TH ST.
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PD
NAME ALEXANDER, DANIEL ☐ Delete
STREET ADDRESS 815 NICHOLAS PKWY.
CITY-ST-ZIP CAPE CORAL FL 33915

TITLE SD
NAME WILLIAMSON, DONNA ☐ Delete
STREET ADDRESS 734 SE 43 STREET
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE TD
NAME KINBY, LYNN ☒ Delete
STREET ADDRESS 1417 S.E. 47TH ST.
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE TD ☒ Change ☐ Addition
NAME Daniel Kelly
STREET ADDRESS 4829 Coronado Pkwy
CITY-ST-ZIP Cape Coral, FL 33904

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Kelly

4/21/04

239-574-0675

Date

Daytime Phone #