


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90040 004 \*\*\*\*70.00

<b>DOCUMENT # N00000003916</b>					
1. Entity Name <b>CAPE CORAL YOUTH CRIME INTERVENTION CENTER, INC.</b>					
Principal Place of Business <b>315 SW 3RD ST. CAPE CORAL, FL 33991</b>			Mailing Address <b>P.O. BOX 152413 CAPE CORAL, FL 33915</b>		
2. Principal Place of Business - No P.O. Box # <b>315 SW 3rd St</b>		3. Mailing Address <b>PO Box 152413</b>			
Suite, Apt. #, etc. <b>Cape Coral, FL</b>		Suite, Apt. #, etc. <b>Cape Coral, FL</b>			
City & State <b>FL</b>		City & State <b>FL</b>			
Zip <b>33991</b>	Country <b>Lee</b>	Zip <b>33915</b>	Country <b>Lee</b>	4. FEI Number <b>65-1019120</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SOBECK-BADOR, EILEYN 1422 SW 18TH STREET CAPE CORAL, FL 33991</b>			7. Name and Address of New Registered Agent Name <b>Cindy Dennis</b> Street Address (P.O. Box Number is Not Acceptable) <b>815 Nicholas Parkway</b> City <b>Cape Coral</b> FL Zip Code <b>33991</b>		
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 <u><i>Cindy Dennis</i></u> DATE <u>1-23-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BP PETROVICH, ROB 815 NICHOLAS PKWY. CAPE CORAL, FL 33915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMSON, DONNA 11974 PRINCE CHARLES STREET CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, DANIEL 4829 CORONADO PKWY. CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <u><i>Robert Petrovich</i></u>		Date		Daytime Phone # <u>239-574-0699</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					