

FILED

Jun 20, 2003 8:00 am

Secretary of State

04-17-2003 90150 048 ****70.00

4/17

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

DOCUMENT # N00000003916					
1. Entity Name CAPE CORAL YOUTH CRIME INTERVENTION CENTER, INC.					
Principal Place of Business 1339-B LAFAYETTE ST. CAPE CORAL FL 33906			Mailing Address P.O. BOX 152413 CAPE CORAL FL 33915		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1019120	
				Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent DENNIS, THOMAS L CAPE CORAL POLICE DEPARTMENT 815 NICHOLAS PKWY CAPE CORAL FL 33991				7. Name and Address of New Registered Agent Carol Settleman Street Address (P.O. Box Number is Not Acceptable) 511 SE 17th St City Cape Coral, FL Zip Code 33990	
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 <i>Carol Settleman</i>		NOTE: Registered Agent signature required when resigning)		DATE 4/10/03	
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 NAME STREET ADDRESS CITY - ST - ZIP	PD GIBBS, ARNOLD A 815 NICHOLAS PKWY. CAPE CORAL FL 33915 <i>President</i>	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chief of Police Daniel Alexander 815 Nicholas Pkwy Cape Coral, FL 33915 <i>President</i>	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DENNIS, THOMAS L 815 NICHOLAS PKWY CAPE CORAL FL 33915	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILLIAMSON, DONNA 734 SE 43 STREET CAPE CORAL FL 33904 <i>Secretary</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYD, ALAN J JR. 3346 S.E. 10TH PLACE CAPE CORAL FL 33904 <i>Treasurer</i>	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Lynn Kirby 1417 SE 47th St Cape Coral, FL 33904 <i>Treasurer</i>	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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: <i>Signature of Alan J. Boyd</i>		SIGNATURE: <i>Signature of Lynn Kirby</i>		DATE: 4/14/03 239945-3884	