

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005757

1. Entity Name
**CAPE CORAL CHAMBER OF COMMERCE FOUNDATION,
INC.**



Principal Place of Business
**2051 E. CAPE CORAL PARKWAY
CAPE CORAL, FL 33904**

Mailing Address
**2051 E. CAPE CORAL PARKWAY
CAPE CORAL, FL 33904**

DO NOT WRITE IN THIS SPACE



03152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1127689

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**QUAINTANCE, MICHAEL D
2051 E. CAPE CORAL PARKWAY
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHNEIDER-CHRISTIANS, MICHAEL
725 CAPE CORAL PARKWAY
CAPE CORAL, FL 33914**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CICONE, JOANN
3405 HANCOCK BRIDGE PARKWAY
NORTH FORT MYERS, FL 33903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARNETTE, ANDREW
4427 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPIRO, CHRISTOPHER
6296 CORPRATE COURT STE 202
FORT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TATE, GLORIA
4812 CAPE CORAL STREET
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POHLMAN, STEVE
2323 S E 27TH TERRACE
CAPE CORAL, FL 33904**

000000092923
03/19/04-80028-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Michael D. Quaintance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2004 *239 549-6900*
Date Daytime Phone #