

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005757

FILED
Feb 16, 2006
Secretary of State

Entity Name: CAPE CORAL CHAMBER OF COMMERCE FOUNDATION, INC.

Current Principal Place of Business:

2051 E. CAPE CORAL PARKWAY
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

2051 E. CAPE CORAL PARKWAY
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-1127689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHNEIDER-CHRISTIANS, MICHAEL
Address: 725 CAPE CORAL PARKWAY
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: CICONI, JOANN
Address: 3405 HANCOCK BRIDGE PARKWAY
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: BARNETTE, ANDREW
Address: 4427 DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: SPIRO, CHRISTOPHER
Address: 6296 CORPORATE COURT STE 202
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: TATE, GLORIA
Address: 4812 CAPE CORAL STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: POHLMAN, STEVE
Address: 2323 S E 27TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: SCHNEIDER-CHRISTIANS, MICHAEL
Address: 725 CAPE CORAL PARKWAY
City-St-Zip: CAPE CORAL, FL 33914

Title: DT (X) Change () Addition
Name: CICONI, JOANN
Address: 3405 HANCOCK BRIDGE PARKWAY
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL QUAINTANCE

A

02/16/2006

Electronic Signature of Signing Officer or Director

Date