2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000005

1. Entity Name CITIZENS FOR THE CAPE CORAL FIREFIGHTER'S MEMORIAL, INC.



FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90084 050 ****61.25

			100						
1039 S.E. 9TH PLACE 1039 SUITE 235 SUITE		Mailing Address 1039 S.E. 9TH PLACE SUITE 235 CAPE CORAL, FL 33990-3	39 S.E. 9TH PLACE						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box 1529									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		ļ	03092007 Ch	3-NP CF	2E037 (12/06)		
City & State	~ \ <u> </u>	City & State	FL		4. FEI Number 01-0663510)		plied For t Applicable	
32990	Country	33915-2937	Country USA		5. Certificate of Sta	tus Desired	\$8.75 Add Fee Required		
17.10	6. Name and Address of Current R				7. Name and Addre	ess of New Regist	ered Agent		
		•	Name						
PIWOWAR, JOHN 1121 SE 6TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)					
CAPE COR	RAL, FL 33990						T - 0-1		
			City				FL Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or	register	ed agent, or both, in t	he State of Florida.	I am familiar with,	and accept	
SIGNATURE .									
	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: fle	gistered Agent argnatu	re required	when reinstating)		DATE		
1	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees		check payable to Department of St		
10.	OFFICERS AND DIRE	ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTORS IN	10	
TITLE	BOD	☐ Delete	TITLE				X Change	Addition	
NAME	HASTON, JEFF		NAME		E 0 2.4	al Aue			
STREET ADORESS	802 SW 15TH AVE		STREET ADORESS	~ 17	.5 Cent		22117		
CITY-ST-ZIP	CAPE CORAL, FL 33991			<u> </u>	LID INSODE	7)	<u> 32112 </u>		
TITLE	S CAINEY EBIC	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
NAME STREET ADDRESS	GAINEY, ERIC 1720 SOUTHWEST 52ND STREE	·T	STREET ADDRESS						
CATY-ST-ZIP	CAPE CORAL, FL 33914	'	CITY-ST-ZIP						
TITLE	TRES	Delete	TITLE				☐ Change	Addition	
NAME	IWANIEC, ROBERT		NAME					_	
STREET ADORESS	410 SE 18TH TER		STREET ADORESS						
CITY-ST-ZIP	CAPE CORAL, FL 33990		CMY-ST-ZIP						
TITLE	PRES	☐ Octete	TITLE				☐ Change	Addition	
NAME	PIWOWAR, JOHN		NAME					ļ	
STREET ADDRESS	1121 SE 6TH TERR		STREET ADORESS						
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZBP					P ^m Audit	
TITLE	VP	☐ Delete	TITLE NAME				☐ Change	Addition	
NAME STREET ADDRESS	HAMMERL-LESTER, MARY KAY 11270 ROYAL TEE CIRCLE		STREET ADDRESS						
CITY-ST-ZIP	CAPE CORAL, FL 33991		CITY-ST-ZIP						
TILE	BOD	□ Delete	TITLE				☐ Change	☐ Addition	
NAME	PIWOWAR, LAUREN E	pciçit	NAME						
STREET ADDRESS	1121 SE 6TH TER		STREET ADORESS						
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP						
12. I hereby	certify that the information supplied with	this filing does not qualify for the	ne exemptions co	ontained	in Chapter 119, Flori	da Statutes. I furth	er certify that the in	of director	

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:	\setminus	olin Pinowar	President	3-13-07	239-458-3889	
	\Box	SIGNATURE AND TYPED OR PRINTED NAME OF \$1	GNING OFFICER OR DIRECTOR	Date	Daytme Phone #	

ATTACHMENT +0038575 +N02000000005

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Change Address

Amy Haston
125 Central Ave.
Crescent City, FL 32112

Add to Body

Jerry Gutherie 323 SE 25th Ter Cape Goral, FL 33904