

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N02000000005**

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



**Principal Place of Business**  
1121 SE 6TH TER  
CAPE CORAL, FL 33990

**Mailing Address**  
P.O. BOX 152937  
CAPE CORAL, FL 33915-2932



03272008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 01-0663510	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

PIWOWAR, JOHN  
1121 SE 6TH TERRACE  
CAPE CORAL, FL 33990

**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 reappointing) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

U00000876087  
04/11/08-80059-015 61.25

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	BOD
<b>NAME</b>	HASTON, JEFF
<b>STREET ADDRESS</b>	125 CENTRAL AVE
<b>CITY-ST-ZIP</b>	CRESCENT CITY, FL 32112
<b>TITLE</b>	S
<b>NAME</b>	GAINEY, ERIC
<b>STREET ADDRESS</b>	1720 SOUTHWEST 52ND STREET
<b>CITY-ST-ZIP</b>	CAPE CORAL, FL 33914
<b>TITLE</b>	TRES
<b>NAME</b>	IWANIEC, ROBERT
<b>STREET ADDRESS</b>	410 SE 18TH TER
<b>CITY-ST-ZIP</b>	CAPE CORAL, FL 33990
<b>TITLE</b>	PRES
<b>NAME</b>	PIWOWAR, JOHN
<b>STREET ADDRESS</b>	1121 SE 6TH TERR
<b>CITY-ST-ZIP</b>	CAPE CORAL, FL 33990
<b>TITLE</b>	VP
<b>NAME</b>	HAMMERL-LESTER, MARY KAY
<b>STREET ADDRESS</b>	11270 ROYAL TEE CIRCLE
<b>CITY-ST-ZIP</b>	CAPE CORAL, FL 33991
<b>TITLE</b>	BOD
<b>NAME</b>	PIWOWAR, LAUREN E
<b>STREET ADDRESS</b>	1121 SE 6TH TER
<b>CITY-ST-ZIP</b>	CAPE CORAL, FL 33990

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**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:** *John F. Piwowar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-28-08* *239-458-3889*  
Date Daytime Phone #