

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003461

FILED
Apr 17, 2009
Secretary of State

Entity Name: CAPE ROYAL COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

11928 PRINCESS GRACE CT.
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

11928 PRINCESS GRACE CT.
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 36-4499330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABARGE, TERRY MR.
11773 LADY ANN CIRCLE
CAPE CORAL, FL 33991 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: P () Delete
Name: LABARGE, TERRY
Address: 11773 LADY ANN CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: V () Delete
Name: HUGHES, MARIE
Address: 11928 PRINCESS GRACE CT.
City-St-Zip: CAPE CORAL, FL 33991

Title: T () Delete
Name: NICK, MAZZELLA
Address: 11808 LADY ANN CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: S () Delete
Name: FLENNIKEN, JACQUIE
Address: 11290 ROYAL TEE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: BM () Delete
Name: BALTIZAR, SAL
Address: 11776 LADY ANN CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: BM () Delete
Name: MAURATH, TOM
Address: 11813 LADY ANN CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: JACQUIE FLENNIKEN

S

04/17/2009

Electronic Signature of Signing Officer or Director

Date