2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004
Secretary of State

DOCUMENT# N03000007010

Entity Name: CITIZENS ACTION COMMITTEE OF CAPE CORAL, INCORPORATED

Current Principal Place of Business:

P.O. BOX 60501
FORT MYERS, FL 33906

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60501
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 20-0553301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERTHIAUME LAW FIRM
6361 PRESIDENTIAL COURT
SUITE A
FORT MYERS, FL 33919 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: RODRIGUEZ, JUAN CARLOS
Address: 1724 SW 54TH LANE
City-St-Zip: CAPE CORAL, FL 339014 US

Title: VP ( ) Delete
Name: GLAAB, FRANK
Address: 2934 MIRACLE PARKWAY
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S ( ) Delete
Name: WALL, MARY
Address: 912 NW 38TH PLA
City-St-Zip: CAPE CORAL, FL 33993 US

Title: T ( ) Delete
Name: KEMERER, PATRICIA
Address: 2935 SW 25TH STREET
City-St-Zip: CAPE CORAL, FL 33914 US

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA KEMERER T 01/21/2004

Electronic Signature of Signing Officer or Director — Date