FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03798 (8)

1. Corporation Name

CITIZENS FOR GOOD GOVERNMENT OF CAPE CORAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4703 SE 17TH PLACE #103 CAPE CORAL FL 33904	4703 SE 17TH PLACE #103 CAPE CORAL FL 33904

3. Date Incorporated or Qualified: 06/20/1984
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2556581 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MELSON, EVERETT
4703 SE 17TH PL #103
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	MELSON, EVERETT	12 NAME		
STREET ADDRESS	4703 S.E. 17TH PL #103	13 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	VICE PRESIDENT-D	☒ Change ☐ Addition
NAME	HATT, TERESA	22 NAME	SAM PELLECHIO	
STREET ADDRESS	247 S.E. 46TH TERRACE	23 STREET ADDRESS	2311 S.E 10TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP	CAPE COREL, FL.	
TITLE	VP	31 TITLE	SECRETARY-D	☒ Change ☐ Addition
NAME	LICATA, JOSEPH	32 NAME	ANNTOINETTE CLEMENTE	
STREET ADDRESS	915 SE 23RD TERRACE	33 STREET ADDRESS	4310 SE 18TH PL	
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP	CAPE COREL, FL.	
TITLE	D	41 TITLE	TREASURER-D	☒ Change ☐ Addition
NAME	OTRANTO, FAY	42 NAME	MARY M. MELSON	
STREET ADDRESS	111 S.W. 49TH TERRACE	43 STREET ADDRESS	4703 S.E 17TH PL, 103	
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP	CAPE COREL, FL.	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MOLDEN, DELIA	52 NAME		
STREET ADDRESS	320 SE 16TH TERR.	53 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary M. Melson - MARY M. MELSON 4/7/95 813-945-7227
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #