

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N03798 (8)**  
1. Corporation Name  
**CITIZENS FOR GOOD GOVERNMENT OF CAPE CORAL, INC.**



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

Mailing Address  
**4703 SE 17TH PLACE #103  
CAPE CORAL FL 33904**

2. Principal Place of Business  
21 **1504 EL DORADO PKWY**  
Suite, Apt. #, etc.  
22 **CAPE CORAL, FL**  
City & State  
23 Zip **33914** Country **LEE**  
24 **33914** 25 **LEE**  
2a. Mailing Address  
26 **1504 EL DORADO PKWY**  
Suite, Apt. #, etc.  
27 **CAPE CORAL, FL**  
City & State  
28 **33914** 29 **LEE**  
30 **LEE**

3. Date Incorporated or Qualified  
**06/20/1984**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-2556581**

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**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 **NICHOLAS RUSSO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1504 EL DORADO PKWY.**  
83 City **CAPE CORAL FL** 85 Zip Code **33914**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Nicholas Russo*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MELSON, EVERETT</b>	
STREET ADDRESS	<b>4703 S.E. 17TH PL #103</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>PELLECHIO, SAM</b>	
STREET ADDRESS	<b>2311 SE 10TH AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>SD D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLEMENTE, ANTOINETT</b>	
STREET ADDRESS	<b>4310 SE 18TH PL</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>SD D</b>	<input type="checkbox"/> DELETE
NAME	<b>MELSON, MARY M</b>	
STREET ADDRESS	<b>4703 SE 17TH PL STE 103</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOLDEN, DELIA</b>	
STREET ADDRESS	<b>320 SE 16TH TERR.</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>John Columbus</b>	
STREET ADDRESS	<b>1438 S.E. 17 St.</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33990</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>NICHOLAS RUSSO</b>	
1.3 STREET ADDRESS	<b>1504 ELdorado PKWY.</b>	
1.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33914</b>	
2.1 TITLE	<b>900001728189</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>-02/29/96--01058--030</b>	
2.3 STREET ADDRESS	<b>***61.25</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JEANNE SEKANICK</b>	
3.3 STREET ADDRESS	<b>3757 S.E. 1st PL.</b>	
3.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>	
4.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MARIAN FLISS</b>	
4.3 STREET ADDRESS	<b>905 S.E. 23 TERR.</b>	
4.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33990</b>	
5.1 TITLE	<b>SERGEANT-AT-ARMS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>CLARENCE MOLDEN</b>	
5.3 STREET ADDRESS	<b>320 S.E. 16 TERR.</b>	
5.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33990</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>John Columbus</b>	
6.3 STREET ADDRESS	<b>1438 S.E. 17 St.</b>	
6.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33990</b>	

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)(k), 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: *Marian Fliss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 941-772-9314  
Date Daytime Phone #

CR2E037 (12/95)