FILE NOW: FILING FEE IS \$61.25						FILED			
COR	NPROFIT PORATION	Kathe	FLORIDA DEPARTMENT OF STATE Katherine Harris			Feb 23, 1999 8:00 am Secretary of State			
			•			02-23-1999 90093			
1999 Division of corporations DOCUMENT # N03798 1. Corporation Name						02 23 1999 9009.	020 01.2	5	
CITIZENS FOR GOOD GOVERNMENT OF CAPE CORAL, INC.						<u> </u>		1	
UTIZEIN								/	
Principal Place of Business Mailing Address						A DEMONTAL AND DECOMPTION (1911) (D.C.D. (D.C.D.) (D.C.D.)	na nama nema dente nam	er <b>and</b> er 1 <b>06</b> 1	
1710 SE 10TH CAPE CORAL I US		1710 SE 10TH ST Cape Coral FL 33990 US	CAPE CORAL FL 33990						
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 06/20/1984			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number Applied For			
22 City & State	•	27 City & State				59-2556581	88.75 A	Applicable dditional	1
23		28				5. Certifcate of Status Desired	Fee Rec	uired	
Zip 24	Country Zip 25 29 30			intry		6. Election Campaign Financing Trust Fund Contribution Added to Financing			
						10. Name and Address of New Register	ered Agent		]
				81 Name	Adduse	- (B.O. Bay Mumber in Not Accontable)			-
CIBELLI, JULES 1710 SE 10TH ST					Addres	s (P.O. Box Number is Not Acceptable)			-
5 C	RAL FL 33990			83					
				84 City			FL 85 Zip C	ode	
11. Pursuant i	to the provisions of Sections 617.05	502 and 617.1508, Florida State of Florida, Such change was	tutes, the a	bove-named	corpor	ation submits this statement for the purpose s board of directors. I hereby accept the a	se of changing its i ppointment as reg	egistered istered	]
[						s board of directors. I hereby accept the			
	Signature, typed or printed name of registered as			Agent signature i	required w	feen reinstating)			8
12. TITLE	OFFICERS A	AND DIRECTORS	<u> </u>	TLE	Р	ADDITIONS/CHANGES TO OFFICER	Change	Addition	E037 (11/98)
NAME	Doherty, Ed	46	1.2 N	AME	1 -	JLES A. CIBELLI			37
STREET ADDRESS				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		10 SE 10th Street			
CITY-ST-ZIP TITLE	CAPE CORAL FL 33914			2.1 TITLE		pe Coral, Fla. 330	Change	Addition	CR2
NAME	CIBELLI, JULES		2.2 N	2.2 NAME		AUL JAMSKY			
STREET ADDRESS	1710 SE 10TH ST			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		9 SE 34th Street			
CITY-ST-ZIP TITLE	CAPE CORAL FL 33990			3.1 TITLE		<del>De Coral, Fl. 33904</del>	Change	Addition	1
NAME	Clemente, Anntoinett		3.2 N		Ð	abo Dallatt			{
STREET ADDRESS	4310 SE 18TH PL CAPE CORAL FL			TREET ADDRESS		ohn Bellotti 216 SW 49th Terr.,(	Cape Cor	al, FJ	La.
CITY-ST-ZIP TITLE	D		4.1 T	**	D	33	914 Change	Addition	
NAME	MELSON, MARY M				Т	M KILLOREN			
STREET ADDRESS CITY-ST-ZIP	4703 SE 17TH PL STE 103 CAPE CORAL FL			TREET ADDRESS		533 SW 52nd Terr. ape Coral, Fla.3391	4		1
TITLE	S	🖌 DELETE	5.1 T	TLE		AROL NEIBERT	X Change	Addition	
	DOHERTY, MICHEL			5.2 NAME 5.3 STREET ADDRESS		001 Skyline Blvd			
STREET ADDRESS	5341 SW 11TH AVE CAPE CORAL FL 33914			5.4 CITY-ST-ZIP		ape Coral, Fla. 339	14		
TITLE ,	Τ.		6.1 T		1 99	ERGINIA DIFAZIO	x Change	Addition	
	FLISS, MARIAN 905 SE 23RD TERR		t t	6.2 NAME 6.3 STREET ADDRES		202 SE 16th Terrace			1
STREET ADDRESS CITY-ST-Z/P	CAPE CORAL FL 33990		6.4 0	6.4 CITY-ST-ZIP		ape Coral, Fla. 339			
14. I hereby o	certify that the information supplied	ital annual report is true and ar	courate and	l that my sign	nature s	ction 119.07(3)(i), Florida Statutes. I furthe shall have the same legal effect as if made	under oath: that i	aman	
indicated on this annual report or supplemental annual report is frue 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 exercise 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, with all other like empowered.									
SIGNATURE: STOWARD 1/19/99 574-8627									
		OR PRINTED NAME OF SIGNING OFFIC	CER OR DIREC	TOR		Date	Daytime Phone #		_