

# 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 # N27368 (2)**  
1. Corporation Name  
**LIONS CLUB OF CAPE CORAL, FLORIDA, INCORPORATED**



Principal Place of Business Mailing Address  
**PO BOX 785 CAPE CORAL FL 33910** **PO BOX 785 CAPE CORAL FL 33910**

3. Date Incorporated or Qualified **07/12/1988** 3a. Date of Last Report **02/21/1995**  
4. FEI Number **65-0064328** 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**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

## 9. Name and Address of Current Registered Agent

**EISERT, RUSSELL J  
5317 DELANO CT  
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 617.0602 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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNDEE, NICHOLAS J.</b>	1.2 NAME	
STREET ADDRESS	<b>3354 SE 17TH PLACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CAPE CORAL FL</b>	1.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPWOOD, GUY</b>	2.2 NAME	
STREET ADDRESS	<b>13124 HAMPSHIRE CT</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	2.4 CITY - ST - ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STANTON, CLIFFORD</b>	3.2 NAME	
STREET ADDRESS	<b>4507 SE 14TH PLACE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CAPE CORAL FL</b>	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EISERT, RUSSELL J</b>	4.2 NAME	
STREET ADDRESS	<b>5317 DELANO CT</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CAPE CORAL FL</b>	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, RICHARD L.</b>	5.2 NAME	<b>P/D</b>
STREET ADDRESS	<b>2820 SE 18TH AVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CAPE CORAL FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>V/D</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>DAY, STEPHEN A.</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>4180 PRESTWICK CT.</b>
			<b>NORTH FORT MYERS, FL</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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NICHOLAS J. DUNDEE TREASURER**

2/1/96 (941) 549-0947

Date

Daytime Phone #

CR2E037 (12/95)