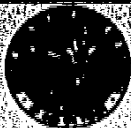


**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 29 AM 7:30

DOCUMENT # N28599

(1)

1. Corporation Name

CAPE CORAL DEMOCRATIC CLUB, INC.

Principal Place of Business

Mailing Address

2015 S.E. 18TH COURT
CAPE CORAL FL 33904

1745 SE 46TH LANE
#202
CAPE CORAL FL 33904
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/29/1988

03/25/1994

4. FEI Number

Applied For

59-4053821

Not Applicable

5. Certificate of Status Desired

☐

\$9.75 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 5128 Coronado Pkw.

26 P.O. Box 945

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Cape Coral, FL

27 Cape Coral, FL

City & State

City & State

23 USA

28 USA

Zip

Country

Zip

Country

24 33904

25 Lee

29 33910

30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPMAN, ROBERT
1745 SE 46TH LANE
APT #202
CAPE CORAL FL 33904

81 Name

McLAUGHLIN, DOROTHY M.

82 Street Address (P.O. Box Number is Not Acceptable)

5128 CORONADO PKWY

83

84 City

CAPE CORAL

FL

85 Zip Code

33904

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

Dorothy M. McLaughlin

(NOTE: Registered Agent signature required when registering)

March 22, 1995

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

SEATON, DAVID F

STREET ADDRESS

401 NE 13TH PLACE

CITY - ST - ZIP

CAPE CORAL FL

11 TITLE

PD

12 NAME

O'SHAUGHNESSY, MORGAN

13 STREET ADDRESS

2613 S.W. 22ND AVENUE

14 CITY - ST - ZIP

CAPE CORAL, FL 33914

TITLE

SD

NAME

CHAPMAN, ROBERT

STREET ADDRESS

1745 SE 46TH LANE APT. 202

CITY - ST - ZIP

CAPE CORAL FL

21 TITLE

VD

22 NAME

GUARDIANO, JIAN

23 STREET ADDRESS

3919 S.E. 21ST PLACE

24 CITY - ST - ZIP

CAPE CORAL, FL. 33904

TITLE

TD

NAME

McLAUGHLIN, DOROTHY M.

STREET ADDRESS

5128 CORONADO PKWY. APT. 2

CITY - ST - ZIP

CAPE CORAL FL

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dorothy M. McLaughlin

March 22, 1995

(813) 542-6790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Telephone Number