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

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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
2815 S.E. 16TH 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: 09/29/1988
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-4053821 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $0.75 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. 22	Suite, Apt. #, etc. 27
City & State 23 Cape Coral, FL	City & State 28 Cape Coral, FL.
Zip 24 33904 Country 25 USA	Zip 29 33910 Country 30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: March 22, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SEATON, DAVID F	12 NAME	O'SHAUGHNESSY, MORGAN	
STREET ADDRESS	401 NE 13TH PLACE	13 STREET ADDRESS	2613 S.W. 22nd AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	CAPE CORAL, FL. 33914	
TITLE	SD	21 TITLE	VD	☒ Change ☐ Addition
NAME	CHAPMAN, ROBERT	22 NAME	GUARDIANO, JAN	
STREET ADDRESS	1745 SE 46TH LANE APT. 202	23 STREET ADDRESS	3919 S.E. 21st PLACE	
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	MCLAUGHLIN, DOROTHY M.	32 NAME		
STREET ADDRESS	5128 CORONADO PKWY. APT. 2	33 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		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: Dorothy M. McLaughlin — March 22, 1995 — (813) 542-6790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #