

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N28599** (1)

1. Corporation Name

DEMOCRATIC CLUB OF CAPE CORAL, INC.



Principal Place of Business

Mailing Address

**5128 CORONADO PKW.
CAPE CORAL FL 33904
US**

**P.O. BOX 945
CAPE CORAL FL 33910
US**

3. Date Incorporated or Qualified

09/29/1988

3a. Date of Last Report

03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-4053821

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCLAUGHLIN, DOROTHY M
5128 CORONADO PKWY
APT #202
CAPE CORAL FL 33904**

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 617.0502 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

Dorothy M. McLaughlin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

June 13, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **O'SHAUGHNESSY, MORGAN**
STREET ADDRESS **2613 SW 22ND AVENUE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VD** ☐ DELETE

NAME **GUARDIANO, JAN**
STREET ADDRESS **3919 SE 21ST PLACE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **TD** ☐ DELETE

NAME **MCLAUGHLIN, DOROTHY**
STREET ADDRESS **5128 CORONADO PKWY. APT. 2**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD**

1.2 NAME **Joseph Guardiano**

1.3 STREET ADDRESS **3919 S.E. 21st Place**

1.4 CITY-ST-ZIP **Cape Coral, FL 33904**

2.1 TITLE **VD**

2.2 NAME **Paula R. Richards**

2.3 STREET ADDRESS **1023 S.E. 15th Street**

2.4 CITY-ST-ZIP **Cape Coral, FL 33990**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **SD**

4.2 NAME **Norman A. Uransky**

4.3 STREET ADDRESS **3801 S.E. 7th Ave.**

4.4 CITY-ST-ZIP **Cape Coral, FL 33904**

5.1 TITLE **D**

5.2 NAME **Donald Badie**

5.3 STREET ADDRESS **923 S.E. 23rd St.**

5.4 CITY-ST-ZIP **Cape Coral, FL 33904**

6.1 TITLE **D**

6.2 NAME **Janet Guardiano**

6.3 STREET ADDRESS **3919 S.E. 21st Pl. Cape Coral, FL 33904**

6.4 CITY-ST-ZIP **D Donald R. Wakely**

6.5 CITY-ST-ZIP **1044 Kindly Rd. No. Ft. Myers 33903**

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:

Dorothy M. McLaughlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 13, 1996

DATE

(941) 542-6790

DAYTIME PHONE #

CR2E037 (3/96)