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FILED

Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

5128 CORONADO PKW.
CAPE CORAL FL 33904
US

Mailing Address

P.O. BOX 945
CAPE CORAL FL 33910-0945
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/29/1988

3a. Date of Last Report

06/19/1996

4. FEI Number

59-4053821

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. 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-Treasurer Dorothy M. McLaughlin

March 1, 1997

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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOSEPH GUARDINAO	
STREET ADDRESS	3919 S.E. 21ST PL.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PAULA R. RICHARDS	
STREET ADDRESS	1023 S.E. 15TH ST.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, DOROTHY	
STREET ADDRESS	5128 CORONADO PKWY. APT. 2	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NORMAN A. URANSKY	
STREET ADDRESS	3801 S.E. 7TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONALD BADIE	
STREET ADDRESS	923 S.E. 23RD ST.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JANET GUARDINO	
STREET ADDRESS	3919 S.E. 21ST PLACE	
CITY-ST-ZIP	CAPE CORAL FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patrick A. Martin	
1.3 STREET ADDRESS	5027 S.W. 8th Place	
1.4 CITY-ST-ZIP	Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD	
2.2 NAME	Richard Heeneke	
2.3 STREET ADDRESS	904 Islamorada Blvd.	
2.4 CITY-ST-ZIP	Punta Gorda, FL 33995	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vira Adolphson	
4.3 STREET ADDRESS	4019 SE 20th Place #202	
4.4 CITY-ST-ZIP	Cape Coral, FL 33904	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Emil Davidson	
6.3 STREET ADDRESS	610 SE 26th Terrace	
6.4 CITY-ST-ZIP	Cape Coral, FL 33904	

14. I do hereby certify that the information supplied with this filing 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-Treasurer

March 1, 1997

(941) 542-6798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050517

CR2E037 (9/96)