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FILED
Aug 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

21. Principal Place of Business
4040 Del Prado Blvd

2a. Mailing Address

Suite, Apt. #, etc.

22. Suite, Apt. #, etc.

27. City & State

23. Cape Coral, FL

28. Zip

24. 33904

25. Country

29. Zip

30. Country

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

Robert M. Neeld

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

4040 Del Prado Blvd

83.

84. City

Cape Coral

FL

85. Zip Code

33904

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

Robert M. Neeld

(NOTE: Registered Agent signature required when reinstating)

DATE

21 Aug 98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> DELETE
NAME	PATRICK A. MARTIN	
STREET ADDRESS	5027 S.W. 8TH PLACE	2306 SW 27th Terrace
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	<input checked="" type="checkbox"/> PD	<input type="checkbox"/> DELETE
NAME	RICHARD HEENEKE	
STREET ADDRESS	804 ISLAMORADA BLVD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	<input checked="" type="checkbox"/> TD	<input checked="" type="checkbox"/> DELETE
NAME	MCLAUGHLIN, DOROTHY	
STREET ADDRESS	5128 CORONADO PKWY. APT. 2	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	<input checked="" type="checkbox"/> SD	<input checked="" type="checkbox"/> DELETE
NAME	VIRA ADOLPHSON	
STREET ADDRESS	4019 SE 20TH PLACE, #202	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	<input checked="" type="checkbox"/> D/VP	<input type="checkbox"/> DELETE
NAME	DONALD BADIE	
STREET ADDRESS	823 S.E. 23RD ST.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> DELETE
NAME	EMIL DAVIDSON	
STREET ADDRESS	610 SE 26TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S/D Yvonne E. Brahm
1.3 STREET ADDRESS	201 NE Tenth Ave
1.4 CITY-ST-ZIP	Cape Coral, FL 33909
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	T/D Beverly J. Verda
2.3 STREET ADDRESS	3646 SE 5th Ct
2.4 CITY-ST-ZIP	Cape Coral, FL 33904
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

CR2E037 (10/97)