

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90026 015 ****61.25

DOCUMENT # N28599

1. Corporation Name

DEMOCRATIC CLUB OF CAPE CORAL, INC.

Principal Place of Business

4040 DEL PRADO BLVD
CAPE CORAL FL 33904
US

Mailing Address

P.O. BOX 945
CAPE CORAL FL 33910
US



2. Principal Place of Business 21 1426 SR 44th Street	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/29/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-4053821
22	27	Applied For Not Applicable
City & State 23 Cape Coral, FL	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33904	Country 25 Lee	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29	30	

9. Name and Address of Current Registered Agent

NEELD, ROBERT M
4040 DEL PRADO BLVD
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 1426 SR 44th Street	33904
83	
84 City Cape Coral	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert M. Neeld

15 Jul 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Norm Uransky	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PATRICK A. MARTIN		1.2 NAME 3801 SR Seawalk Ave	D
STREET ADDRESS 2306 SW 27TH TERR		1.3 STREET ADDRESS Cape Coral, FL 33904	
CITY-ST-ZIP CAPE CORAL FL 33954		1.4 CITY-ST-ZIP Cape Coral, FL 33904	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE Yvonne Nau	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICHARD HEENEKE		2.2 NAME 507 SR 33rd Terrace	UPD
STREET ADDRESS 904 ISLAMORADA BLVD		2.3 STREET ADDRESS Cape Coral, FL 33904	
CITY-ST-ZIP PUNTA GORDA FL 33955		2.4 CITY-ST-ZIP Cape Coral, FL 33904	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE Dori King	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRAHAM, YVONNE		3.2 NAME 1404 SR 34th Terrace	7D
STREET ADDRESS 201 NE TENTH AVE		3.3 STREET ADDRESS Cape Coral, FL 33904	
CITY-ST-ZIP CAPE CORAL FL 33909		3.4 CITY-ST-ZIP Cape Coral, FL 33904	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE Vernon King	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VERDA, BEVERLY J		4.2 NAME 1404 SR 39th Terrace	D
STREET ADDRESS 3646 SE 5TH CT		4.3 STREET ADDRESS Cape Coral, FL 33904	
CITY-ST-ZIP CAPE CORAL FL 33904		4.4 CITY-ST-ZIP Cape Coral, FL 33904	
TITLE DVP	<input type="checkbox"/> DELETE	5.1 TITLE Robert M. Neeld	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DONALD BADIE		5.2 NAME 1426 SR 44th St	D
STREET ADDRESS 923 S.E. 23RD ST.		5.3 STREET ADDRESS Cape Coral, FL 33904	
CITY-ST-ZIP CAPE CORAL F. 33990		5.4 CITY-ST-ZIP Cape Coral, FL 33904	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EMIL DAVIDSON		6.2 NAME	
STREET ADDRESS 610 SE 26TH TERRACE		6.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL FL		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert M. Neeld 15 Jul 99 941-549-9580

CR2E037 (5/99)