



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90093 035 ****61.25

DOCUMENT # N28599 1. Entity Name DEMOCRATIC CLUB OF CAPE CORAL, INC.					
Principal Place of Business 5001 SW 25TH PLACE CAPE CORAL, FL 33914			Mailing Address 5001 SW 25TH PLACE CAPE CORAL, FL 33914 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01122005 Chg-NP CP2E037 (10/03)	
Zip		Country		4. FEI Number 59-4053821	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KAZEL, RONALD B 5001 SW 25TH PLACE CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAZEL, RONALD B 5001 SW 25TH PLACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP EIDEN, BARBARA 148 SW 34TH LN CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SHIVELY, KEN 4941 EDITH ESPLANGE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIVELY, MARIE 4941 EDITH ESPLANGE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CIFALLI, KATHLEEN 3307 SE 17TH AVE CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VP BRADLEY, LYNDIA 3428 SW 12TH AVENUE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CIFELLI, KATHLEEN 3307 SE 17 AVE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kathleen M. Gfelli</i> 4/4/05 239-542-9153 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					