2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# N28599

Entity Name: DEMOCRATIC CLUB OF CAPE CORAL, INC.

Current Principal Place of Business:

417 S.W. 43RD TERRACE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

417 S.W. 43RD TERRACE
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 59-4053821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GETTS, JAMES
417 S.W. 43RD TERRACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	GETTS, JAMES	
Address:	417 S.W 43RD TERRACE	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	S	( ) Delete
Name:	GIERMANN, RONALD	
Address:	3934 S.E. 19TH COURT	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	TD	( ) Delete
Name:	CIFELLI, KATHLEEN	
Address:	3307 SE 17 AVE	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	D1VP	( ) Delete
Name:	MILLER, JANE	
Address:	1931 S.E. 10TH AVENUE	
City-St-Zip:	CAPE CORAL, FL 33990	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN M. CIFELLI TREA 01/19/2007

Electronic Signature of Signing Officer or Director — Date