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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N30481 (8)

1. Corporation Name

CHAMBER OF COMMERCE OF CAPE CORAL, INC.



Principal Place of Business

Mailing Address

2051 CAPE CORAL PKWY.  
P.O. BOX 747  
CAPE CORAL FL 33904  
US

2051 CAPE CORAL PKWY.  
P.O. BOX 747  
CAPE CORAL FL 33910-0747  
US

3. Date Incorporated or Qualified  
02/02/1989

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0120687

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

6. 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

LOCKARD, DOUGLAS W  
2051 CAPE CORAL PARKWAY  
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

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 DC  DELETE  
NAME BRADEN, BERNIE  
STREET ADDRESS 1508 SE 14TH STREET, #3  
CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME BARTON, RICHARD D.  
STREET ADDRESS 455 CAPE CORAL PKWY.  
CITY-ST-ZIP CAPE CORAL FL

2.1 TITLE  Change  Addition  
2.2 NAME D T  
2.3 STREET ADDRESS Haag, Maureen E.  
2.4 CITY-ST-ZIP 4821 Coronado Pkwy.  
Cape Coral, FL 33904

TITLE PM  DELETE  
NAME LOCKARD, DOUGLAS W.  
STREET ADDRESS 2051 CAPE CORAL PARKWAY  
CITY-ST-ZIP CAPE CORAL FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME WUNDERLICH, RICHARD  
STREET ADDRESS 4049 DEL PARADO BLVD., S  
CITY-ST-ZIP CAPE CORAL FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME TATE, GLORIA  
STREET ADDRESS 4812 CAPE CORAL STREET  
CITY-ST-ZIP CAPE CORAL FL

5.1 TITLE  Change  Addition  
5.2 NAME D C  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DT  DELETE  
NAME QUAINANCE, MICHAEL  
STREET ADDRESS 4314 SW 3RD AVE  
CITY-ST-ZIP CAPE CAROL FL

6.1 TITLE  Change  Addition  
6.2 NAME D  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP Cape Coral, FL

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: *[Signature]* Douglas W. Lockard 4/30/97 (941) 549-6900

CR2E037 (9/96)