

FILE NOW: FILING FEE IS \$61.25

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**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mörtham Secretary of State DIVISION OF CORPORATIONS
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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 US	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	02/02/1989
4. FEI Number	65-0120687
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LOCKARD, DOUGLAS W
2051 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name	Quaintance, Michael D.
82 Street Address (P.O. Box Number is Not Acceptable)	2051 CAPE CORAL PARKWAY
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 **Michael D. Quaintance** DATE **2/11/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DC	1.1 TITLE
NAME	BRADEN, BERNE	1.2 NAME
STREET ADDRESS	1508 SE 14TH STREET, #3	1.3 STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP
TITLE	DT	2.1 TITLE
NAME	HAAG, MAUREEN E	2.2 NAME
STREET ADDRESS	4821 CORANADO PKWY	2.3 STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP
TITLE	PM	3.1 TITLE
NAME	LOCKARD, DOUGLAS W.	3.2 NAME
STREET ADDRESS	2051 CAPE CORAL PARKWAY	3.3 STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP
TITLE	D	4.1 TITLE
NAME	WUNDERLICH, RICHARD	4.2 NAME
STREET ADDRESS	4049 DEL PARADO BLVD., S	4.3 STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP
TITLE	DC	5.1 TITLE
NAME	TATE, GLORIA	5.2 NAME
STREET ADDRESS	4812 CAPE CORAL STREET	5.3 STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP
TITLE	D	6.1 TITLE
NAME	QUAINTANCE, MICHAEL	6.2 NAME
STREET ADDRESS	4314 SW 3RD AVE	6.3 STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> DELETE	CHAIRMAN - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	HAAG, MAUREEN E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE	CHAIRMAN - ELECT - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE	WUNDERLICH, RICHARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE	TREASURER - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE	KATHY SUTTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE	PAST CHAIRMAN - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	TATE, GLORIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	QUAINTANCE, MICHAEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Tom Shipp	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Michael D. Quaintance** DATE: **2/11/98** (94) 549-6900

CF2E037 (10/97)