

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2008
Secretary of State**

DOCUMENT# N30481

Entity Name: CHAMBER OF COMMERCE OF CAPE CORAL, INC.

Current Principal Place of Business:

2051 CAPE CORAL PKWY.
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 100747
CAPE CORAL, FL 33910 US

New Mailing Address:

FEI Number: 65-0120687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUAINTANCE, MICHAEL D
2051 CAPE CORAL PKWY
CAPE CORAL, FL 33904 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: DVC () Delete
Name: MAZURKIEWICZ, HEATHER
Address: P.O. BOX 101655
City-St-Zip: CAPE CORAL, FL 33910

Title: D () Delete
Name: KIRKWOOD, WAYNE
Address: 1018 SE 12TH COURT
City-St-Zip: CAPE CORAL, FL 33990

Title: DT () Delete
Name: TABOR, ELMER
Address: 4731 VINCENNES BLVD.
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: CONSTANTINO, TONY
Address: 4507 SE 16TH PL.
City-St-Zip: CAPE CORAL, FL 33904

Title: P () Delete
Name: QUAINTANCE, MICHAEL
Address: 2051 CAPE CORAL PKWY E.
City-St-Zip: CAPE CORAL, FL 33914

Title: DC () Delete
Name: SHIPP, TOM
Address: 4223 S. DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33904

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
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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 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: MICHAEL D. QUAINTANCE

P

02/06/2008

Electronic Signature of Signing Officer or Director

Date