

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727900

**Entity Name:** CAPE CORAL COMMUNITY FOUNDATION, INC.**Current Principal Place of Business:**1405 SE 47TH STREET  
UNIT # 2  
CAPE CORAL, FL 33904**Current Mailing Address:**1405 SE 47TH STREET  
UNIT # 2  
CAPE CORAL, FL 33904 US**FEI Number:** 23-7410312**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHATMAN, MICHAEL  
1405 SE 47TH STREET  
UNIT # 2  
CAPE CORAL, FL 33904 US*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:** MICHAEL CHATMAN

02/03/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           CINDRICH, TAMI  
Address       8961 CONFERENCE DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title           CHAIRMAN  
Name           DEEMS, PHIL JR.  
Address       2804 DEL PRADO BLVD  
                #202  
City-State-Zip: CAPE CORAL FL 33904

Title           DIRECTOR  
Name           BLACKWELL, BRIAN  
Address       MOLLOY FINANCIAL GROUP  
                12650 NEW BRITTANY BLVD. SUITE B  
City-State-Zip: FORT MYERS FL 33907

Title           DIRECTOR  
Name           WILKS, EARNEST  
Address       REGIONS BANK  
                15051 S. TAMIAMI TRAIL  
City-State-Zip: FORT MYERS FL 33908

Title           DIRECTOR  
Name           FRITH, TERRY  
Address       1402 SE 46 LANE  
City-State-Zip: CAPE CORAL FL 33904

Title           VC  
Name           LODATO, PAUL  
Address       40000 HORSESHOE ROAD  
City-State-Zip: PUNTA GORDA FL 33982

Title           DIRECTOR  
Name           CERINO, JOSEPH  
Address       LAW OFFICE OF JOE CERINO  
                PO BOX 2827  
City-State-Zip: FORT MYERS FL 33902

Title           DIRECTOR  
Name           CALVO, KATI  
Address       CALVO & CALVO ATTORNEYS AT  
                LAW  
                1534 JACKSON STREET  
City-State-Zip: FORT MYERS FL 33901

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*I hereby 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 all other like empowered.*

**SIGNATURE:** PAUL LODATO

VICE CHAIRMAN

02/03/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GONZALEZ, JUAN
Address	EGM CONSULTANTS 439 EISENHOWER BLVD.
City-State-Zip:	LEHIGH ACRES FL 33974