

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001449

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** KIWANIS CLUB OF ENGLEWOOD-CAPE HAZE INCORPORATED

**Current Principal Place of Business:**

2881 WORTH AVE  
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

1324 DE PRIE RD  
ENGLEWOOD, FL 34223 US

**Current Mailing Address:**

P.O.BOX 982  
ENGLEWOOD, FL 34925

**New Mailing Address:**

FEI Number: 57-1224325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANDNESS, MARGERY M  
2881 WORTH AVE  
ENGLEWOOD, FL 34224 US

**Name and Address of New Registered Agent:**

HIPPS, JOHN E  
1324 DE PRIE RD  
ENGLEWOOD, FL 34223-170 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: JOHN E. HIPPS

04/16/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STEPHENS, NORMA  
Address: 10091 STONECROP AVE.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: T ( ) Delete  
Name: KNIGHT, ARLENE  
Address: 351 OAK ST  
City-St-Zip: ENGLEWOOD, FL 34223

Title: S ( ) Delete  
Name: SANDNESS, MARGERY  
Address: 2881 WORTH AVE  
City-St-Zip: ENGLEWOOD, FL 34224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HIPPS, JOHN E  
Address: 1324 DE PRIE RD  
City-St-Zip: ENGLEWOOD, FL 34223-170 US

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: MARGERY M. SANDNESS

SEC.

04/16/2008

Electronic Signature of Signing Officer or Director

Date