

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 708843 (8)

1. Corporation Name

KIWANIS CLUB OF CAPE CORAL, FLORIDA, INC.

Principal Place of Business

708 SE 47 TERR
CAPE CORAL FL 33904
US

Mailing Address

PO BOX 6
CAPE CORAL FL 33910
US



3. Date Incorporated or Qualified
04/26/1965

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-6168899

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. 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

LEVY, GERALD
1625 2 SE 47TH TERR
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 PPD
NAME NIELSEN, HOWARD ☐ DELETE
STREET ADDRESS 3125 SE 10TH AVE.
CITY-ST-ZIP CAPE CORAL FL

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

TITLE VPD
NAME SLATER, HERBERT ☐ DELETE
STREET ADDRESS 139 SW 50 ST
CITY-ST-ZIP CAPE CORAL FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME POWER, ROBERT ☐ DELETE
STREET ADDRESS 1304 SE 37 LANE
CITY-ST-ZIP CAPE CORAL, FL 00000

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

TITLE TD
NAME BENTLEY, LEVC C ☐ DELETE
STREET ADDRESS 3628 SE 8TH PL
CITY-ST-ZIP CAPE CORAL FL

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

TITLE PD
NAME BARNHART, CHARLES ☐ DELETE
STREET ADDRESS 5271 SKYLARK CT
CITY-ST-ZIP CAPE CORAL FL

5.1 TITLE PPD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VPD
NAME APPELBAUM, JOSEPH ☒ DELETE
STREET ADDRESS 4519 SE 10 AVE
CITY-ST-ZIP CAPE CORAL FL

6.1 TITLE VD ☐ Change ☒ Addition
6.2 NAME AYERS, ROBERT J
6.3 STREET ADDRESS 3536 SE 18th Avenue
6.4 CITY-ST-ZIP Cape Coral, FL 33904

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jennie C. Bentley, TREAS.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96
Date

941-549-8646
Daytime Phone #

CR2E037 (12/95)