

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001449

**FILED**  
**Mar 25, 2018**  
**Secretary of State**  
**CC7901006922**

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

**Current Principal Place of Business:**

7426 ASHTABULA STREET  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

7426 ASHTABULA STREET  
ENGLEWOOD, FL 34224 US

**FEI Number:** 57-1224325

**Certificate of Status Desired:** No

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

LEVASSEUR, STEVE  
7426 ASHTABULA STREET  
ENGLEWOOD, FL 34224 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name HALSTEAD, ERIN A  
Address 313 N. OXFORD DRIVE  
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR  
Name LEVASSEUR, STEVE R  
Address 7426 ASHTABULA STREET  
City-State-Zip: ENGLEWOOD FL 34224

Title PRESIDENT  
Name SANDNESS, ERIK A  
Address 2960 TOWHEE STREET  
City-State-Zip: GROVE CITY FL 34224

Title TREASURER  
Name KRAMER, REBECCA  
Address 10324 GREENWAY AVENUE  
City-State-Zip: ENGLEWOOD FL 34224

Title SECRETARY  
Name SANDNESS, MARGE  
Address 2960 TOWHEE STREET  
City-State-Zip: GROVE CITY FL 34224

*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:** STEVE LEVASSEUR

**DIRECTOR**

**03/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date