


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90392 009 ****61.25

DOCUMENT # 708843 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LEVY, GERALD 1426 S.E. 44TH STREET CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARRIER, SUSAN <input type="checkbox"/> Delete 2008 SE 9TH TERRACE CAPE CORAL, FL 33990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRIER, SUSAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2008 SE 9TH TERRACE CAPE CORAL FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, MARY <input checked="" type="checkbox"/> Delete 2802 SE 22ND PLACE CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAUGHN, ANN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2803 SE 22ND PLACE CAPE CORAL FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEELD, ROBERT M <input type="checkbox"/> Delete 1426 SE 44TH ST CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEELD, ROBERT M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1426 SE 44TH ST CAPE CORAL FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOSS, HUGH <input checked="" type="checkbox"/> Delete 3110 SE 19TH PLACE CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNHART, CHERYL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 140 SW 34TH ST CAPE CORAL FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, DANIEL <input checked="" type="checkbox"/> Delete 5531 BURNHAM CT. NORTH FORT MYERS, FL 33903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENTLEY, LEVIC <input checked="" type="checkbox"/> Delete 3628 SE 8TH PLACE CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Robert M Neeld</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			14 Apr 06 239.549.9588 <small>Date Daytime Phone #</small>		

ATTACHMENT
40051968
#708843

THE CAPE CORAL KIWANIS FOUNDATION INC
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D
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D
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