

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708843

FILED
Jan 15, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF CAPE CORAL, FLORIDA, INC.

Current Principal Place of Business:

708 SE 47 TERR
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6
CAPE CORAL, FL 33910 US

New Mailing Address:

FEI Number: 59-6468900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, GERALD
1426 S.E. 44TH STREET
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SLOTHOWER JR, DAVID G
Address: 5957 TARPON GARDENS CIR, #201
City-St-Zip: CAPE CORAL, FL 33914

Title: PD () Delete
Name: MCLEAN, MARSHALL
Address: 1953 S.E. 36TH ST
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: DOCKER, JAMES
Address: 2905 SE 17TH AVENUE
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: MCLAUGHLIN, MARY F
Address: 1518 SW 50TH STREET, APT 101
City-St-Zip: CAPE CORAL, FL 33914

Title: VPD () Delete
Name: BARRIER, SUSAN M
Address: 2008 SE 9TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MAY, CAROL G
Address: 4909 SW 11TH COURT
City-St-Zip: CAPE CORAL, FL 33914

Title: PD (X) Change () Addition
Name: DOCKER, JAMES
Address: 3608 SW 1ST AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: T (X) Change () Addition
Name: LEVY, GERALD
Address: 5309 COCOA COURT
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD (X) Change () Addition
Name: HUTCHINSON, TRUDI
Address: 9977 BIRR ST.
City-St-Zip: FORT MYERS, FL 33919

Title: PE (X) Change () Addition
Name: NEELD, ROBERT
Address: 1426 S.E 44TH STREET
City-St-Zip: CAPE CORAL, FL 33904

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: JAMES DOCKER

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date