

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90015 035 ****61.25

DOCUMENT # 731905

1. Corporation Name

KIWANIS CLUB OF HARNEY POINT, CAPE CORAL, FLORIDA
A, INC.

Principal Place of Business

Mailing Address

P.O. BOX 295
CAPE CORAL FL 33910

P.O. BOX 295
CAPE CORAL FL 33910



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 P.O. Box 100 295

26 P.O. Box 100 295

02/18/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

23-7274999

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Cape Coral, FL

28 Cape Coral, FL

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33910 25 Lee

29 33910 30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMSKI, ROBERT C
1714 CAPE CORAL PARKWAY EAST
CAPE CORAL FL 33904

81 Name

Sanford M. Leathers

82 Street Address (P.O. Box Number is Not Acceptable)

3206 SE 19th Place

83

84 City

Cape Coral

FL

85 Zip Code

33904

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

Sanford M. Leathers (T) Sanford M. Leathers

7/15/99

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
S	LINDA PARRISH	4945 SEVILLE CT	CAPE CORAL FL 33904	<input checked="" type="checkbox"/>
VP	ROBERT LURA	1110 SE 20TH PL	CAPE CORAL FL 33990	<input checked="" type="checkbox"/>
P	FRAZIER, CHARLES	1717 BIKINI CT	CAPE CORAL FL	<input checked="" type="checkbox"/>
T	WALDIER, JACK, SR	1414 SHELBY PKWY	CAPE CORAL FL	<input checked="" type="checkbox"/>
D	WILLIAM BROOKS	2302 SE 15TH ST	CAPE CORAL FL 33990	<input checked="" type="checkbox"/>
D	HABERMEHL, ROBERT	2048 S. E. 27TH TERRACE	CAPE CORAL FL	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Terry Frith	126 NE 12th Ct.	Cape Coral, FL 33909	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Donna Williamson	734 SE 43rd St.	Cape Coral, FL 33904	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Donna Williamson	734 SE 43rd St.	Cape Coral, FL 33904	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Sandy Leathers	P.O. Box 152328	Cape Coral, FL 33915	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Ruth Weinstein	2631 SE 19th Ave.	Cape Coral, FL 33904	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Jack Durkin	5510 SW 4th Pl, #204	Cape Coral, FL 33914	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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, with all other like empowered.

SIGNATURE:

SANFORD M. LEATHERS REQUIRED

7/15/99

(941) 573-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

0008507