

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731905

FILED
May 01, 2005
Secretary of State

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

Current Principal Place of Business:

PO BOX 100295
CAPE CORAL, FL 33910

New Principal Place of Business:

Current Mailing Address:

PO BOX 100295
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 23-7274999 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMSON, DONNA
734 SE 43RD ST
CAPE CORAL, FL 33904 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEINSTEIN, PAUL
Address: 13615 EAGLE RIDGE DR. #1624
City-St-Zip: FORT MYERS, FL 33912

Title: VD () Delete
Name: WADE, RICHARD
Address: 1418 SHELBY PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: SD () Delete
Name: WILLIAMSORN, DONNA
Address: 734 SE 43RD ST.
City-St-Zip: CAPE CORAL, FL 33904

Title: VD () Delete
Name: BRADEN, BERNICE
Address: 1730 SANDY CT
City-St-Zip: CAPE CORAL, FL 33904

Title: TD (X) Delete
Name: MCCULLOUGH, JOHN
Address: 1912 SE 19TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WADE, RICHARD
Address: 1418 SHELBY PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: VD (X) Change () Addition
Name: MCCULLOUGH, JOHN
Address: 1912 SE 19TH TERR.
City-St-Zip: CAPE CORAL, FL 33990

Title: SD (X) Change () Addition
Name: WILLIAMSON, DONNA
Address: 734 SE 43RD ST.
City-St-Zip: CAPE CORAL, FL 33904

Title: TD (X) Change () Addition
Name: WALDIER, JACK
Address: 1416 SHELBY PARKWAY
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONNA WILLIAMSON

SD

05/01/2005

Electronic Signature of Signing Officer or Director

Date