

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731905

FILED  
Apr 23, 2006  
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 ( )**

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

WILLIAMSON, DONNA  
734 SE 43RD ST  
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: P ( ) Delete  
Name: WADE, RICHARD  
Address: 1418 SHELBY PKWY  
City-St-Zip: CAPE CORAL, FL 33904

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: COLPOYS, KEVIN  
Address: 1902 SE 26TH ST.  
City-St-Zip: CAPE CORAL, FL 33990

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

Title: TD (X) Change ( ) Addition  
Name: KASTEN, DANA  
Address: 804 CAPE CORAL PARKWAY EAST  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA WILLIAMSON

SD

04/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date