



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90282 006 ****61.25

DOCUMENT # N04000005801					
1. Entity Name CAPE CANAVERAL-PORT CANAVERAL KIWANIS FOUNDATION, INC.					
Principal Place of Business 7520 RIDGEWOOD AVE #602 CAPE CANAVERAL, FL 32920-3036			Mailing Address 7520 RIDGEWOOD AVE #602 CAPE CANAVERAL, FL 32920-3036		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 77-0638273				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCORMICK, ALLEN K 7520 RIDGEWOOD AVE #602 CAPE CANAVERAL, FL 32920-3036			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, 2005		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					
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, T. DEXTER		NAME	HARRIS, CHARLES S.	
STREET ADDRESS	630 ADAMS AVE #17		STREET ADDRESS	555 JACKSON AVE #402	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	PE	<input checked="" type="checkbox"/> Delete	TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, CHARLES S		NAME	MATTHEWS, LYNN	
STREET ADDRESS	555 JACKSON AVE #402		STREET ADDRESS	31 WEST POINT Drive Cocoa Beach, FL 32931-2329	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP	31 WEST POINT Drive Cocoa Beach, FL 32931-2329	
TITLE	IPP	<input checked="" type="checkbox"/> Delete	TITLE	BUZZ PEISOS (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOREY, DIANE		NAME	618 MADISON AVE	
STREET ADDRESS	7210 N US 1 #204		STREET ADDRESS	CAPE CANAVERAL, FL 32920	
CITY-ST-ZIP	COCOA, FL		CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCORMICK, ALLEN K		NAME		
STREET ADDRESS	7520 RIDGEWOOD AVE #602		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 329203036		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, CHERYL		NAME		
STREET ADDRESS	1626 GABLE COURT		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 329533189		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, LYNN		NAME	HOGG, ROBERT	
STREET ADDRESS	31 WEST POINT DR		STREET ADDRESS	210 JEFFERSON AVE.	
CITY-ST-ZIP	COCOA BEACH, FL 329312329		CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <u>Allen K. McCormick</u> Allen K. McCormick, Secy <u>April 28, 2005</u> <u>321-783-1113</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					